## Case 19-30498-5-mcr Doc 1 Filed 04/12/19 Entered 04/12/19 11:35:27 Desc Main Document Page 1 of 60

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF NEW YORK                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |   |   |
|-----|---|--|---|---|
|     |   | About Debtor 1:                              |   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Sean First name  William Middle name         |   | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.   | Fox Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |  |   |   |
|     | Include your married or maiden names.   |  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-5853                                  |   |   |

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Debtor 1 Sean William Fox

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|---|---|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|  | Include trade names and doing business as names           | Business name(s)  | Business name(s)   |
|  |   | EINs  | EINs   |
| 5.   | Where you live  |   | If Debtor 2 lives at a different address:  |
|  |   | 120 W. Mohawk St. Oswego, NY 13126  Number, Street, City, State & ZIP Code  Oswego  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |

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Debtor 1 Sean William Fox

Case number (if known)

|    | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |             |  |                       |   |  |
|----|---|---|-------------|--|-----------------------|---|--|
|    | choosing to file under  | ■ Chap  | ter 7       |  |                       |   |  |
|    |   | ☐ Chap  | ter 11      |  |                       |   |  |
|    |   | ☐ Chap  | ter 12      |  |                       |   |  |
|    |   | ☐ Chap  | ter 13      |  |                       |   |  |
|    |   |   |             |  |                       |   |  |
| •  | How you will pay the fee  | abo   | out how yo  | ou may pay. Typically, if your attorney is submitting your   | are paying the fee    | eck with the clerk's office in your local court for more details<br>yourself, you may pay with cash, cashier's check, or money<br>ehalf, your attorney may pay with a credit card or check with |  |
|    |   |   |             | y the fee in installments.<br>ee in Installments (Official F |                       | otion, sign and attach the Application for Individuals to Pay   |  |
|    |   |   |             |  |                       | tion only if you are filing for Chapter 7. By law, a judge may,   |  |
|    |   | apı   | plies to yo | ur family size and you are ι                                 | unable to pay the fee | your income is less than 150% of the official poverty line that e in installments). If you choose this option, you must fill out fficial Form 103B) and file it with your petition.             |  |
|    | Have you filed for bankruptcy within the last 8 years?                                | ■ No.   |             |  |                       |   |  |
|    | •   |   | District    |  | When                  | Case number   |  |
|    |   |   | District    |  | When                  | Case number   |  |
|    |   |   | District    |  | When                  | Case number   |  |
| 0. | Are any bankruptcy cases pending or being filed by a spouse who is                    | ■ No □ Yes.   |             |  |                       |   |  |
|    | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |   |             |  |                       |   |  |
|    |   |   | Debtor      |  |                       | Relationship to you   |  |
|    |   |   | District    |  | When                  | Case number, if known   |  |
|    |   |   | Debtor      |  |                       | Relationship to you   |  |
|    |   |   | District    |  | When                  | Case number, if known   |  |
| 1. | Do you rent your  | □ No.   | Go to       | line 12.   |                       |   |  |
|    | residence?  | Yes.  | Has yo      | our landlord obtained an ev                                  | iction judgment agai  | inst you?   |  |
|    |   |   |             | No. Go to line 12.   |                       |   |  |
|    |   |   |             | Yes. Fill out <i>Initial Statem</i> bankruptcy petition.     | ent About an Evictio  | on Judgment Against You (Form 101A) and file it with this   |  |

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Document Page 4 of 60 Case number (if known) Debtor 1 Sean William Fox Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure **Bankruptcy Code and are** you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes.

alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Sean William Fox

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Sean William Fox **Answer These Questions for Reporting Purposes** Part 6: Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sean William Fox Signature of Debtor 2 Sean William Fox Signature of Debtor 1 Executed on April 9, 2019 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Sean William Fox Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Russel     | I S. Simonetta         | Date          | April 9, 2019        |  |
|----------------|------------------------|---------------|----------------------|--|
| Signature of   | f Attorney for Debtor  |               | MM / DD / YYYY       |  |
|                | Simonetta 510012       |               |                      |  |
| Printed name   |                        |               |                      |  |
| Simonetta      | & Associates, P.C.     |               |                      |  |
| Firm name      |                        |               |                      |  |
| 109 South      | Warren St., Suite 512  |               |                      |  |
| Svracuse.      | NY 13202               |               |                      |  |
|                | City, State & ZIP Code |               |                      |  |
| Contact phone  | (315) 472-3328         | Email address | simonettalaw@aol.com |  |
| 510012 NY      | 1                      |               |                      |  |
| Bar number & S | Itate                  |               |                      |  |

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| Fill in this infor  | mation to identify your  | case:             |             |                                      |
|---------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1            | Sean William Fox         |                   |             |                                      |
|                     | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2            |                          |                   |             |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF NEW YORK |                                      |
| Case number         |                          |                   |             | <b>—</b> 0                           |
| (if known)          |                          |                   |             | ☐ Check if this is an amended filing |

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| ı aı | t 1: Summarize Your Assets  |                   |                               |
|------|---|-------------------|-------------------------------|
|      |   | Your a<br>Value o | ssets<br>of what you own      |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$                | 0.00                          |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$                | 15,810.43                     |
|      | 1c. Copy line 63, Total of all property on Schedule A/B   | \$                | 15,810.43                     |
| Par  | t 2: Summarize Your Liabilities   |                   |                               |
|      |   |                   | <b>abilities</b><br>t you owe |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$                | 9,252.00                      |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$                | 0.00                          |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$                | 60,043.57                     |
|      | Your total liabilities  | \$                | 69,295.57                     |
| Par  | t 3: Summarize Your Income and Expenses   |                   |                               |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$                | 2,538.17                      |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$                | 2,602.10                      |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records  |                   |                               |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your                                     | ır other sch      | nedules.                      |
| 7.   | ■ Yes What kind of debt do you have?  |                   |                               |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,       | , family, or                  |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Sean William Fox

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

3,269.66

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

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|                          |  |   | Document  | Page 10 of 60                 |                        |   |
|--------------------------|--|---|---|-------------------------------|------------------------|---|
| Fill in t                | his inform                                 | ation to identify your                      | case and this filing:   |                               |                        |   |
| Debtor                   | 1  | Sean William Fox                            | ×   |                               |                        |   |
| 20210.                   |  | First Name                                  | Middle Name   | Last Name                     |                        |   |
| Debtor                   | 2  |   |   |                               |                        |   |
| (Spouse,                 | if filing)                                 | First Name                                  | Middle Name   | Last Name                     |                        |   |
| United                   | States Ban                                 | kruptcy Court for the:                      | NORTHERN DISTRICT OF NEV  | W YORK                        |                        |   |
|                          |  |   |   |                               |                        |   |
| Case n                   | umber                                      |   |   | _                             |                        | ☐ Check if this is an   |
|                          |  |   |   |                               |                        | amended filing  |
|                          |  |   |   |                               |                        |   |
| Offic                    | ial Ear                                    | m 106A/B                                    |   |                               |                        |   |
| _                        |  |   |   |                               |                        |   |
| Sch                      | edule                                      | e A/B: Prop                                 | perty   |                               |                        | 12/15   |
| informat                 | ion. If more<br>every questi               | space is needed, attach                     | ate as possible. If two married people a separate sheet to this form. On the grand, or Other Real Estate You O                        | ne top of any additional page |                        |   |
| 1. <b>Do yo</b>          | u own or ha                                | ive any legal or equitabl                   | e interest in any residence, building   | , land, or similar property?  |                        |   |
| ■ No                     | . Go to Part 2                             | 2.  |   |                               |                        |   |
| _                        |  | the property?                               |   |                               |                        |   |
| <b>—</b> 16              | 3. WHERE IS                                | the property:                               |   |                               |                        |   |
| Part 2:                  | Describe Y                                 | our Vehicles                                |   |                               |                        |   |
|                          | , vans, true                               | •   | ele, also report it on Schedule G: E  | ,                             | . ,                    |   |
|                          |  | . <b>. :</b> : : :                          |   |                               | Do not deduct secured  | claims or exemptions. Put   |
| 3.1                      |  | nfiniti                                     | Who has an interest in th   | ne property? Check one        | the amount of any secu | red claims on Schedule D:   |
| ı                        | Model: <b>G</b>                            | 37X   | Debtor 1 only   |                               | Creditors Who Have Cla | aims Secured by Property.   |
| `                        | Year: 20                                   | 009   | Debtor 2 only   |                               | Current value of the   | Current value of the  |
|                          | Approximate                                |   | ,000 Debtor 1 and Debtor 2  | only                          | entire property?       | portion you own?  |
| (                        | Other informa                              | ation:                                      | At least one of the deb   | tors and another              |                        |   |
|                          |  |   | Check if this is comm (see instructions)  | unity property                | \$5,600.00             | \$5,600.00  |
| Exam  No  Ye  5 Add page | pples: Boats  bes  I the dollar es you hav | value of the portion re attached for Part 2 | vehold Items  and other recreational vehonal watercraft, fishing vessels, so you own for all of your entries for the that number here | nowmobiles, motorcycle ac     | y entries for          | \$5,600.00  Current value of the portion you own? Do not deduct secured |
|                          |  |   |   |                               |                        | claims or exemptions.   |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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|--|---|-------------------------|
| Debtor 1   | <del></del>   |                         |
| ■ Yes  | s. Describe   |                         |
|  | sofa, recliner, chair, lamps and dining set   | \$500.00                |
|  | bedroom furniture   | \$550.00                |
| □ No   | ples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collection including cell phones, cameras, media players, games   | ons; electronic devices |
|  | tv, computer, stereo, video games and two lpods   | \$1,425.00              |
| 9. Equipi Exam, No Yes 10. Firea Exar. No Yes 11. Cloth Exar | ment for sports and hobbies  ples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and ka musical instruments  s. Describe  nrms  mples: Pistols, rifles, shotguns, ammunition, and related equipment  s. Describe  nes  mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories |                         |
|  | clothing  | \$400.00                |
| ☐ No   | elry  mples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, si  |                         |
|  |   |                         |
| Exar   | farm animals mples: Dogs, cats, birds, horses s. Describe   |                         |
|  | one dog   | \$100.00                |
| 14. <b>Any o</b>   | other personal and household items you did not already list, including any health aids you did not list   |                         |

☐ Yes. Give specific information.....

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, Case number (if known) Debtor 1 **Sean William Fox** 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,025.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... 17.1. checking Chase Bank \$1,000.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401K retirement account through employer \$6,135.43 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description.

|     |               | Case 19                      | )-30498-5-mcr   |               | Filed 04/1<br>Document |           | Entered 04/12<br>age 13 of 60                     | 2/19 11:35:27           | Desc Main   |
|-----|---------------|------------------------------|---|---------------|------------------------|-----------|---|-------------------------|---|
| De  | ebtor 1       | Sean V                       | Villiam Fox   |               |                        |           | Case n  | umber (if known)        |   |
| 24. | 26 U.<br>■ No | S.C. §§ 530                  | (b)(1), 529A(b), and 52   | .9(b)(1).     |                        | _         | m, or under a qualified cords of any interests.11 |                         | n.  |
| ٥.  | T             | 40 000:itabl                 | future interests :  |               | (athor than anyth      | hina lia  | todin line () and right                           | versio                  | abla far varr banafit   |
|     | ■ No          |                              | cific information about   |               | (other than anyth      | ning ns   | ted in line 1), and right                         | s or powers exercis     | able for your benefit   |
|     | Exa.<br>■ No  | mples: Interr                | ghts, trademarks, trademarks, trademarks, well  | osites, proce |                        |           |   |                         |   |
|     | ⊔ Ye          | s. Give spec                 | cific information about   | tnem          |                        |           |   |                         |   |
|     | Exa.<br>■ No  | <i>mples:</i> Buildi         | hises, and other geneing permits, exclusive cific information about                     | icenses, co   |                        | tion hol  | dings, liquor licenses, pr                        | ofessional licenses     |   |
| M   | oney o        | or property (                | owed to you?  |               |                        |           |   |                         | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Taxı          | refunds owe                  | ed to vou   |               |                        |           |   |                         |   |
|     | ■ No          | )                            |   | hem, includ   | ing whether you a      | ılready f | filed the returns and the                         | tax years               |   |
|     | Exa.<br>■ No  |                              | due or lump sum alimo   | ony, spousal  | l support, child su    | pport, m  | naintenance, divorce set                          | tlement, property sett  | lement  |
|     | Exa. ■ No     | <i>mples:</i> Unpa<br>bene   | someone owes you aid wages, disability instifits; unpaid loans you discific information |               |                        | enefits,  | sick pay, vacation pay,                           | workers' compensati     | on, Social Security   |
| 31. |               |                              | rance policies  | ırance: heal  | th savings accour      | nt (HSA   | ); credit, homeowner's, c                         | or renter's insurance   |   |
|     | □ No          |                              | insurance company o<br>Company  | f each policy | _                      |           | Beneficiary:                                      |                         | Surrender or refund value:  |
|     |               |                              |   |               | ough employe           |           |   |                         | \$0.00  |
| _   |               |                              |   | Tuiuo po      | ayabic apoil ac        |           | <u> </u>  |                         |   |
|     | If yo som     | u are the be<br>eone has die | , ,   |               |                        |           | nce policy, or are curren                         | tly entitled to receive | property because  |
|     | Exa.<br>■ No  | mples: Accid                 | third parties, whether<br>dents, employment disp<br>each claim                          |               |                        |           | made a demand for pa<br>ue                        | yment                   |   |

Case 19-30498-5-mcr Doc 1 Filed 04/12/19 Entered 04/12/19 11:35:27 Document Page 14 of 60 Case number (if known) Debtor 1 Sean William Fox 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$7,185.43 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00

| Part | 8: List the Totals of Each Part of this Form              |             |                              |             |
|------|---|-------------|------------------------------|-------------|
| 55.  | Part 1: Total real estate, line 2                         |             |                              | \$0.00      |
| 56.  | Part 2: Total vehicles, line 5                            | \$5,600.00  |                              |             |
| 57.  | Part 3: Total personal and household items, line 15       | \$3,025.00  |                              |             |
| 58.  | Part 4: Total financial assets, line 36                   | \$7,185.43  |                              |             |
| 59.  | Part 5: Total business-related property, line 45          | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52 | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54          | +\$0.00     |                              |             |
| 62.  | Total personal property. Add lines 56 through 61          | \$15,810.43 | Copy personal property total | \$15,810.43 |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$15,810.43

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| Fill in this inform | nation to identify your | 2000              |             |            |
|---------------------|-------------------------|-------------------|-------------|------------|
| Fill in this inform | nation to identify your | case:             |             |            |
| Debtor 1            | Sean William Fox        |                   |             |            |
|                     | First Name              | Middle Name       | Last Name   |            |
| Debtor 2            |                         |                   |             |            |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name   |            |
| United States Ba    | nkruptcy Court for the: | NORTHERN DISTRICT | OF NEW YORK |            |
| Office Otates Ba    | induptoy Court for the. |                   |             |            |
| Case number         |                         |                   |             |            |
| (if known)          |                         |                   |             | ☐ Check it |
|                     |                         |                   |             | amende     |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)   |                                      |       |   |                                    |  |  |  |
|----|--|--------------------------------------|-------|---|------------------------------------|--|--|--|
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |       |   |                                    |  |  |  |
| 2. | For any property you list on Schedule A/E  | that you claim as exe                | empt, | fill in the information below.                                  |                                    |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own |       | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Che   | eck only one box for each exemption.                            |                                    |  |  |  |
|    | sofa, recliner, chair, lamps and   | \$500.00                             |       | \$500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | dining set Line from Schedule A/B: 6.1   |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | bedroom furniture  | \$550.00                             |       | \$550.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | Line from Schedule A/B: 6.2  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | tv, computer, stereo, video games and two lpods  | \$1,425.00                           |       | \$1,425.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | Line from Schedule A/B: 7.1  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | clothing Line from Schedule A/B: 11.1  | \$400.00                             |       | \$400.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | Line Irom Scriedule A/B. 11.1  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | one watch  | \$50.00                              |       | \$50.00   | 11 U.S.C. § 522(d)(4)              |  |  |  |
|    | Line from Schedule A/B: 12.1   |                                      |       | 100% of fair market value, up to                                |                                    |  |  |  |

any applicable statutory limit

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|   |   |  |         | ,   |                        |  |  |
|---|---|--|---------|---|------------------------|--|--|
|   | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own |         | Specific laws that allow exemption                              |                        |  |  |
|   |   | Copy the value from<br>Schedule A/B                                    | Che     | eck only one box for each exemption.                            |                        |  |  |
|   | one dog Line from Schedule A/B: 13.1  | \$100.00   |         | \$100.00  | 11 U.S.C. § 522(d)(5)  |  |  |
|   |   |  |         | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
|   | Cash Line from Schedule A/B: 16.1   | \$50.00  |         | \$50.00   | 11 U.S.C. § 522(d)(5)  |  |  |
|   | Line Holli Schedule A.B. 10.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
|   | checking: Chase Bank Line from Schedule A/B: 17.1                                   | \$1,000.00   |         | \$1,000.00  | 11 U.S.C. § 522(d)(5)  |  |  |
|   | Line Hotti Schedule A/B. 11.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
|   | 401K: retirement account through employer   | \$6,135.43   |         | \$6,135.43  | 11 U.S.C. § 522(d)(12) |  |  |
|   | Line from Schedule A/B: 21.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
|   | Life Insurance through employer -0- cash value - payable upon death.                | \$0.00   |         | \$0.00  | 11 U.S.C. § 522(d)(7)  |  |  |
|   | Line from Schedule A/B: 31.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
| 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) |   |  |         |   |                        |  |  |
|   |   | ■ No   |         |   |                        |  |  |
|   | Yes. Did you acquire the property cover   | rea by the exemption wi  | itnin 1 | ,215 days before you filed this case                            | ??                     |  |  |
|   | □ No  |  |         |   |                        |  |  |
|   | □ Yes   |  |         |   |                        |  |  |

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|   |                          | Document   | Page 17             | of 60                           |                          |                   |
|---|--------------------------|--|---------------------|---------------------------------|--------------------------|-------------------|
| Fill in this informa                        | tion to identify you     | ur case:   |                     |                                 |                          |                   |
| Debtor 1                                    | Sean William Fe          | 0.V  |                     |                                 |                          |                   |
| Debior 1                                    | First Name               | Middle Name  | Last Name           |                                 |                          |                   |
| Debtor 2                                    |                          |  |                     |                                 |                          |                   |
| (Spouse if, filing)                         | First Name               | Middle Name  | Last Name           |                                 |                          |                   |
| United States Bank                          | runtay Court for the     | : NORTHERN DISTRICT OF   | NEW YORK            |                                 |                          |                   |
| United States Dank                          | ruptcy Court for the     | . NORTHERN DISTRICT OF   | NEW TORK            |                                 |                          |                   |
| Case number                                 |                          |  |                     |                                 |                          |                   |
| (if known)                                  |                          |  |                     |                                 | ☐ Check                  | if this is an     |
|   |                          |  |                     |                                 | ameno                    | ded filing        |
|   |                          |  |                     |                                 |                          |                   |
| Official Form                               | <u>106D</u>              |  |                     |                                 |                          |                   |
| Schedule D                                  | ): Creditors             | Who Have Claim   | s Secured           | by Propert                      | У                        | 12/15             |
|   |                          | If the second se |                     |                                 |                          |                   |
| s needed, copy the A                        |                          | If two married people are filing tog<br>out, number the entries, and attack  |                     |                                 |                          |                   |
| number (if known).                          |                          |  |                     |                                 |                          |                   |
| 1. Do any creditors ha                      |                          |  |                     |                                 |                          |                   |
| ☐ No. Check the                             | his box and submit t     | his form to the court with your ot   | her schedules. Yo   | ou have nothing else t          | o report on this form.   |                   |
| Yes. Fill in a                              | III of the information   | below.   |                     |                                 |                          |                   |
| Part 1: List All                            | Secured Claims           |  |                     |                                 |                          |                   |
|   |                          | more than one secured claim, list the  | oroditor concretely | Column A                        | Column B                 | Column C          |
|   |                          | s a particular claim, list the other cred  |                     | Amount of claim                 | Value of collateral      | Unsecured         |
| much as possible, list                      | the claims in alphabet   | ical order according to the creditor's i   | name.               | Do not deduct the               | that supports this       | portion           |
| 2.1 Carvant Fin                             | ancial I Ic              | Describe the property that secur   | es the claim:       | value of collateral. \$9,252.00 | claim<br>\$5,600.00      | If any \$3,652.00 |
| Creditor's Name                             | idiloidi Lio             | 2009 Infiniti G37X 104,000   |                     | Ψο,ΣοΣίου                       | Ψο,οσο.σσ                | Ψ0,002.00         |
|   |                          | 2003 111111111 037 X 104,000   | J IIIIC3            |                                 |                          |                   |
|   |                          |  |                     |                                 |                          |                   |
| 211 Robbin                                  | s Lane                   | As of the date you file, the claim<br>apply.   | is: Check all that  |                                 |                          |                   |
| Syosset, N                                  | Y 11791                  | Contingent   |                     |                                 |                          |                   |
| Number, Street, C                           | ity, State & Zip Code    | ☐ Unliquidated   |                     |                                 |                          |                   |
|   |                          | ☐ Disputed   |                     |                                 |                          |                   |
| Who owes the debt                           | t? Check one.            | Nature of lien. Check all that app   | oly.                |                                 |                          |                   |
| Debtor 1 only                               |                          | An agreement you made (such  | as mortgage or sec  | ured                            |                          |                   |
| Debtor 2 only                               |                          | car loan)  |                     |                                 |                          |                   |
| ☐ Debtor 1 and Debt                         | tor 2 only               | ☐ Statutory lien (such as tax lien,  | mechanic's lien)    |                                 |                          |                   |
| ☐ At least one of the                       |                          | ☐ Judgment lien from a lawsuit   |                     |                                 |                          |                   |
| ☐ Check if this clair                       |                          | Other (including a right to offse  | t) Purchase N       | Money Security                  |                          |                   |
| community debt                              |                          |  |                     |                                 |                          |                   |
|   | Opened                   |  |                     |                                 |                          |                   |
|   | 05/18 Last               |  |                     |                                 |                          |                   |
|   | Active                   |  |                     |                                 |                          |                   |
| Date debt was incur                         | red 2/21/19              | Last 4 digits of account n   | umber 6701          |                                 |                          |                   |
|   |                          |  |                     |                                 |                          |                   |
|   |                          |  |                     |                                 | <b>1</b>                 |                   |
|   | =                        | Column A on this page. Write that r  |                     | \$9,25                          | 52.00                    |                   |
| If this is the last pa<br>Write that number |                          | the dollar value totals from all pag   | jes.                | \$9,25                          | 52.00                    |                   |
| write that number                           | nere.                    |  |                     |                                 |                          |                   |
| Part 2: List Othe                           | rs to Be Notified fo     | or a Debt That You Already Lis   | ted                 |                                 |                          |                   |
| Use this page only if                       | you have others to b     | oe notified about your bankruptcy  | for a debt that you | already listed in Part 1.       | For example, if a collec | tion agency is    |
|   |                          | owe to someone else, list the credi  |                     |                                 |                          |                   |
|   | ot fill out or submit th | t you listed in Part 1, list the additi<br>nis page.   | onal creditors here | . II you do not nave ad         | umonai persons to be fi  | ouned for ally    |
|   |                          | _  |                     |                                 |                          |                   |
|   | r, Street, City, State & | Zip Code   | On whic             | ch line in Part 1 did you e     | nter the creditor? 2.1   |                   |
|   | nancial LLC              |  |                     | ·                               |                          |                   |
|   | ho Turnpike              |  | Last 4 d            | ligits of account number        | _                        |                   |
| Svosset, N                                  | 11/91                    |  |                     |                                 |                          |                   |

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|--|---|--------------|--------------------------|-----------------|--------------|--------------------|-----|
| Fill in this information to identify your case:  |   |              |                          |                 |              |                    |     |
| Debtor 1 Sean William Fox  |   |              |                          |                 |              |                    |     |
|  | ddle Name Last Nam  | ie           |                          |                 |              |                    |     |
| Debtor 2   |   |              |                          |                 |              |                    |     |
| (Spouse if, filing) First Name Mic   | ddle Name Last Nam  | ie           | _                        |                 |              |                    |     |
| United States Bankruptcy Court for the: NORTH  | HERN DISTRICT OF NEW YORK   | (            |                          |                 |              |                    |     |
| Case number  |   |              |                          |                 |              |                    |     |
| (if known)   | <del></del>   |              |                          |                 | Check i      | f this is an       |     |
|  |   |              |                          |                 | amende       | ed filing          |     |
| 2005/5   |   |              |                          |                 |              |                    |     |
| Official Form 106E/F   |   |              |                          |                 |              |                    |     |
| Schedule E/F: Creditors Who Ha   | ave Unsecured Claim   | S            |                          |                 |              | 12/15              |     |
| chedule D: Creditors Who Have Claims Secured by P<br>ift. Attach the Continuation Page to this page. If you h<br>ame and case number (if known).   |   |              |                          |                 |              |                    |     |
| Part 1: List All of Your PRIORITY Unsecured  | Claims  |              |                          |                 |              |                    |     |
| . Do any creditors have priority unsecured claims a  | against you?  |              |                          |                 |              |                    |     |
| ☐ No. Go to Part 2.  |   |              |                          |                 |              |                    |     |
| Yes.   |   |              |                          |                 |              |                    |     |
| 2. List all of your priority unsecured claims. If a cred<br>identify what type of claim it is. If a claim has both prior<br>possible, list the claims in alphabetical order accordin<br>Part 1. If more than one creditor holds a particular cla | ority and nonpriority amounts, list that on<br>ng to the creditor's name. If you have m | claim here a | and show both priority a | nd nonpriorit   | y amounts    | s. As much as      | ,   |
| (For an explanation of each type of claim, see the ins   | tructions for this form in the instruction  | booklet.)    | Tarabata                 | B. 1. 11        |              | M                  |     |
|  |   |              | Total claim              | Priority amount |              | Nonpriority amount |     |
| Dept of Ed / Navient   | Last 4 digits of account number   | 0818         | \$0.00                   |                 | \$0.00       | \$0                | .00 |
| Priority Creditor's Name   |   |              | 1.40/07 14               |                 |              |                    |     |
| Attn: Claims Dept<br>Po Box 9635   | When was the debt incurred?   | Active       | d 10/07 Last             |                 |              |                    |     |
| Wilkes Barr, PA 18773  | When was the dept incurred:   | ACTIVE       | 04/10                    |                 |              |                    |     |
| Number Street City State Zip Code  | As of the date you file, the claim  | is: Check    | all that apply           |                 |              |                    |     |
| Who incurred the debt? Check one.  | ☐ Contingent  |              |                          |                 |              |                    |     |
| ■ Debtor 1 only  | ☐ Unliquidated  |              |                          |                 |              |                    |     |
| Debtor 2 only  | ☐ Disputed  |              |                          |                 |              |                    |     |
| ☐ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla  | aim:         |                          |                 |              |                    |     |
| ☐ At least one of the debtors and another  | ☐ Domestic support obligations  |              |                          |                 |              |                    |     |
| ☐ Check if this claim is for a community debt  | Taxes and certain other debts   | vou owe the  | e government             |                 |              |                    |     |
| Is the claim subject to offset?  | Claims for death or personal in   | •            | •                        |                 |              |                    |     |
| No   | ☐ Other. Specify  | , , ,        |                          |                 |              |                    |     |
| ☐ Yes  | student lo  | an           |                          |                 |              |                    |     |

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| Debto    | Sean William Fox  |   | Case number (                | if known)                     |                            |  |  |
|----------|---|---|------------------------------|-------------------------------|----------------------------|--|--|
| 2.2      | Navient   | Last 4 digits of account number   | 0071                         | \$0.00                        | \$0.00 \$0.00              |  |  |
|          | Priority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773  | When was the debt incurred?   | Opened 10/07<br>Active 03/09 |                               | <del>•••••</del>           |  |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that ap        | ply                           |                            |  |  |
| 1        | Who incurred the debt? Check one.   | ☐ Contingent  |                              | . ,                           |                            |  |  |
| 1        | Debtor 1 only   | ☐ Unliquidated  |                              |                               |                            |  |  |
| ı        | Debtor 2 only   | ☐ Disputed  |                              |                               |                            |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla  | im:                          |                               |                            |  |  |
|          | ☐ At least one of the debtors and another   | ☐ Domestic support obligations  |                              |                               |                            |  |  |
|          | ☐ Check if this claim is for a community debt   | ■ Taxes and certain other debts y   | ou owe the governm           | nent                          |                            |  |  |
|          | s the claim subject to offset?  | ☐ Claims for death or personal inj  | •                            |                               |                            |  |  |
|          | ■ No  | Other. Specify  |                              |                               |                            |  |  |
| I        | ☐ Yes   | student loa   | an                           |                               |                            |  |  |
| Part 1   | List All of Your NONPRIORITY Unsecu   | red Claims  |                              |                               |                            |  |  |
|          | o any creditors have nonpriority unsecured claims   |   |                              |                               |                            |  |  |
| _        |   | -   |                              |                               |                            |  |  |
|          | $oldsymbol{l}$ No. You have nothing to report in this part. Submit t  | his form to the court with your other s                                       | schedules.                   |                               |                            |  |  |
|          | Yes.  |   |                              |                               |                            |  |  |
| ur<br>th | st all of your nonpriority unsecured claims in the<br>nsecured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other<br>art 2. | aim. For each claim listed, identify wh                                       | at type of claim it is.      | Do not list claims already in | ncluded in Part 1. If more |  |  |
|          |   |   |                              |                               | Total claim                |  |  |
| 4.1      | Affirm Inc  | Last 4 digits of account numb   | er <b>ZH5P</b>               |                               | \$619.00                   |  |  |
|          | Nonpriority Creditor's Name   | -   |                              |                               |                            |  |  |
|          | Affirm Incorporated Po Box 720  | When was the debt incurred?   | Opened 10 3/06/17            | /16 Last Active               |                            |  |  |
|          | San Francisco, CA 94104   | When was the debt incurred?   | 3/00/17                      |                               | _                          |  |  |
|          | Number Street City State Zip Code   | As of the date you file, the cla  |                              |                               |                            |  |  |
|          | Who incurred the debt? Check one.   |   |                              |                               |                            |  |  |
|          | Debtor 1 only   | ☐ Contingent  |                              |                               |                            |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |                              |                               |                            |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                              |                               |                            |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecu  | ured claim:                  |                               |                            |  |  |
|          | $\square$ Check if this claim is for a community  | ☐ Student loans   |                              |                               |                            |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not |                              |                               |                            |  |  |
|          | No  | report as priority claims  Debts to pension or profit-sh                      | aring plans, and other       | er similar dehts              |                            |  |  |
|          |   | ·   | •                            | or surmer debig               |                            |  |  |
|          | Yes   | Other. Specify Unsecur  | eu                           |                               |                            |  |  |

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Case Nilliam Fox

| Debioi | Sean William Fox   |   | Case number (ii kilowii)                     |             |  |  |
|--------|--|---|--|-------------|--|--|
| 4.2    | Americu Cu   | Last 4 digits of account number   | 0001   | \$15,222.00 |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 1916 Black River Boulevard Rome, NY 13440 | When was the debt incurred?   | Opened 08/15 Last Active 3/21/19             |             |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim i  | is: Check all that apply                     |             |  |  |
|        | Who incurred the debt? Check one.  |   |  |             |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|        | $\square$ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |
|        | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                    | ration agreement or divorce that you did not |             |  |  |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |             |  |  |
|        | Yes  | Other. Specify Automobile   | •  |             |  |  |
| 4.3    | Barclays Bank  | Last 4 digits of account number   | 2518   | \$2,230.00  |  |  |
|        | Nonpriority Creditor's Name C/O Portfolio Recovery Po Box 41021 Norfolk, VA 23541      | When was the debt incurred?   | Opened 06/18 Last Active 07/16               |             |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim i  | is: Check all that apply                     |             |  |  |
|        | Who incurred the debt? Check one.  |   |  |             |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|        | $\square$ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |
|        | $\square$ Check if this claim is for a community                                       | Student loans   |  |             |  |  |
|        | debt Is the claim subject to offset?   | ration agreement or divorce that you did not                                  |  |             |  |  |
|        | ■ No   | ■ No □ Debts to pension or profit-sharing plans, and other similar debts      |  |             |  |  |
|        | ☐ Yes  | Other. Specify credit card  |  |             |  |  |
| 4.4    | Barclays Bank Delaware Nonpriority Creditor's Name                                     | Last 4 digits of account number   | 2518   | \$0.00      |  |  |
|        | Attn: Correspondence<br>Po Box 8801<br>Wilmington, DE 19899                            | When was the debt incurred?   | Opened 07/16 Last Active 12/16               |             |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim i  | is: Check all that apply                     |             |  |  |
|        | Who incurred the debt? Check one.  |   |  |             |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|        | $\square$ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |
|        | ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> |  |             |  |  |
|        | Is the claim subject to offset?  | report as priority claims   | <u> </u>                                     |             |  |  |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |             |  |  |
|        | □Yes   | Other, Specify Credit Card  | I  |             |  |  |

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| Debt | or 1 Sean William Fox  |  | Case number (if known)                        |            |
|------|--|--|---|------------|
| 4.5  | Capital One  | Last 4 digits of account number  | 2840  | \$5,627.00 |
|      | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred?  | Opened 04/15 Last Active 12/16                |            |
|      | Number Street City State Zip Code Who incurred the debt? Check one.                | As of the date you file, the claim   | is: Check all that apply                      |            |
|      | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|      | Debtor 2 only  | ☐ Unliquidated   |   |            |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:                                      |            |
|      | ☐ Check if this claim is for a community debt                                      |  | aration agreement or divorce that you did not |            |
|      | Is the claim subject to offset?  | report as priority claims  |   |            |
|      | No   | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|      | Yes  | Other. Specify judgment  |   |            |
| 4.6  | Charter Communications Nonpriority Creditor's Name                                 | Last 4 digits of account number  | 6101  | \$930.06   |
|      | PO Box 70872<br>Charlotte, NC 28272  | When was the debt incurred?  |   |            |
|      | Number Street City State Zip Code  | As of the date you file, the claim i   | is: Check all that apply                      |            |
|      | Who incurred the debt? Check one.  |  |   |            |
|      | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|      | Debtor 2 only  | ☐ Unliquidated   |   |            |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecured  |   |            |
|      | Check if this claim is for a community   | ☐ Student loans  |   |            |
|      | debt Is the claim subject to offset? —   | ☐ Obligations arising out of a separeport as priority claims                 |   |            |
|      | No   | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|      | Yes  | Other. Specify phone bill  |   |            |
| 4.7  | Chase Card Services  | Last 4 digits of account number  | 0943  | \$2,995.00 |
|      | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850     | When was the debt incurred?  | Opened 02/14 Last Active 10/16                |            |
|      | Number Street City State Zip Code  | As of the date you file, the claim i   | is: Check all that apply                      |            |
|      | Who incurred the debt? Check one.  | _  |   |            |
|      | ■ Debtor 1 only  | Contingent   |   |            |
|      | Debtor 2 only  | Unliquidated   |   |            |
|      | Debtor 1 and Debtor 2 only   | Disputed   |   |            |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecured  |   |            |
|      | ☐ Check if this claim is for a community debt Is the claim subject to offset?      | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|      | No   | Debts to pension or profit-sharin  | ng plans, and other similar debts             |            |
|      |  |  | <del>-</del> •                                |            |

☐ Yes

■ Other. Specify \_Credit Card

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Case number (if known)

| 4.8      | Credit One Bank   | Last 4 digits of account number  |   | \$2,686.00 |  |
|----------|---|--|---|------------|--|
|          | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873                        | When was the debt incurred?  |   |            |  |
|          | Las Vegas, NV 89193   | _  |   |            |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim   | is: Check all that apply                      |            |  |
|          | Who incurred the debt? Check one.   | _  |   |            |  |
|          | Debtor 1 only   | Contingent   |   |            |  |
|          | Debtor 2 only   | Unliquidated   |   |            |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   | Label of                                      |            |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |            |  |
|          | ☐ Check if this claim is for a community debt   |  | aration agreement or divorce that you did not |            |  |
|          | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharir   | a plane, and other similar debte              |            |  |
|          | ■ No  |  |   |            |  |
|          | ☐ Yes   | Other. Specify Credit Card   | is  |            |  |
| 4.9      | Discover Financial Nonpriority Creditor's Name  | Last 4 digits of account number  | 0341  | \$3,198.00 |  |
|          | Attn: Bankruptcy Department Po Box 15316  | When was the debt incurred?  | Opened 03/15 Last Active 10/21/16             |            |  |
|          | Wilmington, DE 19850  Number Street City State Zip Code                                     | As of the date way file the plains   | in Charle all that analy                      |            |  |
|          | Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Спеск ан tnat apply                       |            |  |
|          | Debtor 1 only   | ☐ Contingent   |   |            |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |            |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |
|          | debt Is the claim subject to offset?  |  | ration agreement or divorce that you did not  |            |  |
|          | No  | report as priority claims  Debts to pension or profit-sharir   | a plane, and other similar debts              |            |  |
|          | ■ No □ Yes  |  |   |            |  |
|          | Li res  | Other. Specify Credit Card   | <u>'</u>                                      |            |  |
| 4.1<br>0 | First Savings Credit Card   | Last 4 digits of account number  | 7295  | \$562.00   |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 5019                         | When was the debt incurred?  | Opened 06/16 Last Active 12/16                |            |  |
|          | Sioux Falls, SD 57117  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |   |            |  |
|          | Debtor 1 only   | ☐ Contingent   |   |            |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |  |
|          | Debtor 1 and Debtor 2 only  | The second secon |   |            |  |
|          | ☐ At least one of the debtors and another   |  |   |            |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |
|          | debt  |  | aration agreement or divorce that you did not |            |  |
|          | Is the claim subject to offset?   | report as priority claims  |   |            |  |
|          | No  | ☐ Debts to pension or profit-sharir  |   |            |  |
|          | ☐ Yes   | Other, Specify Credit Card   | i   |            |  |

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| Debto    | Sean William Fox   |  | Case number (if known)                       |            |  |  |  |
|----------|--|--|--|------------|--|--|--|
| 4.1<br>1 | Kayla M. Wood  | Last 4 digits of account number                              |  | \$7,707.00 |  |  |  |
|          | Nonpriority Creditor's Name C/O Lou Ann Ruicynski Coleman,   | When was the debt incurred?                                  |  |            |  |  |  |
|          | Esq. 92 West Sixth St. Oswego, NY 13126  Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |            |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |  |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |  |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |  |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |  |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |  |  |  |
|          | Yes  | Other. Specify debt that w                                   | as to be paid as part of divorce.            |            |  |  |  |
| 4.1      | National Grid  | Last 4 digits of account number                              | 5330   | \$1,033.00 |  |  |  |
|          | Nonpriority Creditor's Name C/O Associated Credit Services, LLC  | When was the debt incurred?                                  | Opened 8/13/18 Last Active 10/17             |            |  |  |  |
|          | 115 Flanders Road, Ste 140; Po Box<br>5171<br>Westborough, MA 01581  |  |  |            |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | is: Check all that apply                     |            |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |  |  |  |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |  |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |  |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |  |  |  |
|          | No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |  |  |  |
|          | ☐ Yes  | ·  | g p.a, a c c                                 |            |  |  |  |
|          | □ Yes  | ■ Other. Specify utility bill                                |  |            |  |  |  |
| 4.1<br>3 | Orthopedic Medical Service Group  Nonpriority Creditor's Name  | Last 4 digits of account number                              | mult   | \$125.00   |  |  |  |
|          | C/O Simon's Agency, Inc.<br>Po Box 5026  | When was the debt incurred?                                  |  |            |  |  |  |
|          | Syracuse, NY 13220  Number Street City State Zip Code  | As of the date you file, the claim                           | is: Check all that apply                     |            |  |  |  |
|          | Who incurred the debt? Check one.  | 710 of the date you me, the claim                            | o. Chook all that apply                      |            |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |  |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |  |  |  |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |  |  |  |
|          | ☐ Check if this claim is for a community   |  |  |            |  |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |  |  |  |
|          | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |  |  |  |
|          | □ Yes  | ■ Other. Specify medical bil                                 |  |            |  |  |  |
|          | 30   | - Other, Specifysaisai bii                                   | · <del>··</del>                              |            |  |  |  |

Official Form 106 E/F

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1 Sean William Fox

Case number (if known)

| Debtor | 1 Sean William Fox  | ——————————————————————————————————————                        | Case number (if known)                        |            |
|--------|---|---|---|------------|
| 4.1    | Oswego County Fcu   | Last 4 digits of account number                               | 0001  | \$6,393.00 |
|        | Nonpriority Creditor's Name  175 E Seventh St Oswego, NY 13126  | When was the debt incurred?                                   | Opened 04/16 Last Active 07/17                |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim i                          | is: Check all that apply                      |            |
|        | Debtor 1 only   | Contingent  |   |            |
|        | Debtor 2 only   | Unliquidated  |   |            |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans     |   |            |
|        | debt Is the claim subject to offset?  | report as priority claims                                     | aration agreement or divorce that you did not |            |
|        | No  | Debts to pension or profit-sharin                             |   |            |
|        | Yes   | Other. Specify Automobile                                     | •   |            |
| 4.1    | Santander Consumer USA Nonpriority Creditor's Name  | Last 4 digits of account number                               | 1000  | \$0.00     |
|        | Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161   | When was the debt incurred?                                   | Opened 02/08 Last Active 10/20/11             |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim i                          | is: Check all that apply                      |            |
|        | Debtor 1 only   | ☐ Contingent  |   |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not  |            |
|        | No  | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts              |            |
|        | Yes   | ■ Other. Specify Automobile                                   | )   |            |
| 4.1    | Simon's Agency, Inc. Nonpriority Creditor's Name  | Last 4 digits of account number                               | 7926  | \$55.00    |
|        | 4963 Wintersweet Dr<br>Liverpool, NY 13088  | When was the debt incurred?                                   | Opened 10/16 Last Active 06/16                |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim i                          | is: Check all that apply                      |            |
|        | Debtor 1 only   | ☐ Contingent  |   |            |
|        | Debtor 2 only   | ☐ Unliquidated  |   |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community  | Student loans   |   |            |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not  |            |
|        | ■ No  | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts              |            |
|        | □ Yes   | Other, Specify Service Gr                                     | Attorney Orthopedic Medical                   |            |

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| Debto    | Sean William Fox   |  | Case number (if known)                        |            |  |  |  |
|----------|--|--|---|------------|--|--|--|
| 4.1      | Synchrony Bank   | Last 4 digits of account number                              | mult  | \$6,678.00 |  |  |  |
|          | Nonpriority Creditor's Name C/O Portfolio Recovery Po Box 41021                | When was the debt incurred?                                  |   |            |  |  |  |
|          | Norfolk, VA 23541  |  |   |            |  |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim i                         | is: Check all that apply                      |            |  |  |  |
|          | Debtor 1 only  | Пол  |   |            |  |  |  |
|          |  | ☐ Contingent   |   |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                      |            |  |  |  |
|          | At least one of the debtors and another  | Student loans  | d Claim.                                      |            |  |  |  |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | _  | aration agreement or divorce that you did not |            |  |  |  |
|          | ■ No   | Debts to pension or profit-sharin                            | ng plans, and other similar debts             |            |  |  |  |
|          | Yes  | Other. Specify credit card                                   |   |            |  |  |  |
| 4.1<br>3 | Synchrony Bank/Amazon  | Last 4 digits of account number                              | 3989  | \$0.00     |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060                     | When was the debt incurred?                                  | Opened 09/15 Last Active 10/16                |            |  |  |  |
|          | Orlando, FL 32896  Number Street City State Zip Code                           | As of the date you file, the claim i                         | is: Chack all that apply                      |            |  |  |  |
|          | Who incurred the debt? Check one.  | As of the date you me, the claim                             | S. Officer all trial apply                    |            |  |  |  |
|          | Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                | d claim:                                      |            |  |  |  |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |            |  |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | tration agreement or divorce that you did not |            |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |  |  |  |
|          | Yes  | Other. Specify Charge Acc                                    | count   |            |  |  |  |
| 4.1<br>9 | Synchrony Bank/Lowes   | Last 4 digits of account number                              | 4546  | \$0.00     |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy                                   | When was the debt incurred?                                  | Opened 11/15 Last Active                      |            |  |  |  |
|          | Po Box 965060<br>Orlando, FL 32896   | when was the dept incurred?                                  | 11/16   |            |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.            | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |  |
|          | Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:                         |   |            |  |  |  |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |            |  |  |  |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |  |
|          | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |  |  |  |

☐ Yes

■ Other. Specify Charge Account

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Debtor 1 Sean William Fox ase number (if known) 4.2 **Trevor Waite** \$3,983.51 Last 4 digits of account number 0 Nonpriority Creditor's Name C/O Carolyn Daley Scott, Esq. When was the debt incurred? PO Box 314 Port Jefferson Station, NY 11776 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify judgment Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Affirm Inc** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 650 California St FI 12 ■ Part 2: Creditors with Nonpriority Unsecured Claims San Francisco, CA 94108 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Americu Cu Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1916 Black River Blvd N Part 2: Creditors with Nonpriority Unsecured Claims Rome, NY 13440 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Barclays Bank** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims C/O Portfolio Recovery Part 2: Creditors with Nonpriority Unsecured Claims 120 Corporate Blvd Ste 100 Norfolk, VA 23502 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Barclays Bank Delaware** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 8803 Part 2: Creditors with Nonpriority Unsecured Claims Wilmington, DE 19899 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 30281 Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Capital One Bank** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims C/O Rubin & Rothman LLC Part 2: Creditors with Nonpriority Unsecured Claims 1787 Veterans Highway Islandia, NY 11749 Last 4 digits of account number

Capital One Bank C/O Rubin & Rothman LLC PO Box 9003

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

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Debtor 1 Sean William Fox Case number (if known) Islandia, NY 11749 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Chase Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO box 15290 ■ Part 2: Creditors with Nonpriority Unsecured Claims Wilmington, DE 19850 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Chase Card Services** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 15369 Part 2: Creditors with Nonpriority Unsecured Claims Wilmington, DE 19850 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit One Bank** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 98872 Part 2: Creditors with Nonpriority Unsecured Claims Las Vegas, NV 89193 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit One Bank** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims C/O Midland Funding Part 2: Creditors with Nonpriority Unsecured Claims 2365 Northside Dr. Ste 30 San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit One Bank** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **C/O Midland Funding** Part 2: Creditors with Nonpriority Unsecured Claims 2365 Northside Dr. Ste 300 San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Dept of Ed / Navient Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Po Box 9635 ☐ Part 2: Creditors with Nonpriority Unsecured Claims Wilkes Barre, PA 18773 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Line 4.9 of (Check one): **Discover Financial** ☐ Part 1: Creditors with Priority Unsecured Claims Pob 15316 ■ Part 2: Creditors with Nonpriority Unsecured Claims Wilmington, DE 19850 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? First Savings Credit Card Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 500 E 60th St N Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57104 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **National Grid** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims C/O Associated Credit Services, Part 2: Creditors with Nonpriority Unsecured Claims LLC Po Box 5171 Westboro, MA 01581 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **National Grid** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 11742 Part 2: Creditors with Nonpriority Unsecured Claims Newark, NJ 07101 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **National Grid** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 F/F

Attn: Bankruptcy Dept.

Part 2: Creditors with Nonpriority Unsecured Claims

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1 Sean William Fox

| Seall William FOX                                    |   |   |  |
|--|---|---|--|
| 300 Erie Blvd West<br>Syracuse, NY 13202-4250        |   |   |  |
| •  | Last 4 digits of account number           |   |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 or     | lid you list the original creditor?                   |  |
| Navient  | Line 2.2 of (Check one):                  | ■ Part 1: Creditors with Priority Unsecured Claims    |  |
| Po Box 9500  |   | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| Wilkes Barre, PA 18773                               | Last 4 digits of account number           |   |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 or     | lid you list the original creditor?                   |  |
| Orthopedic Medical Services Group                    | Line 4.13 of (Check one):                 | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| C/O Simon's Agency, Inc.<br>4963 Wintersweet Dr      |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| Liverpool, NY 13088                                  | Last 4 digits of account number           |   |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 or     |   |  |
| Oswego County Sheriff's Office<br>39 Churchill Road  | Line <b>4.20</b> of ( <i>Check one</i> ): | Part 1: Creditors with Priority Unsecured Claims      |  |
| Oswego, NY 13126-5613                                |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
|  | Last 4 digits of account number           |   |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 of     | ,   |  |
| Santander Consumer USA                               | Line <b>4.15</b> of ( <i>Check one</i> ): | Part 1: Creditors with Priority Unsecured Claims      |  |
| Po Box 961245<br>Ft Worth, TX 76161                  |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |
|  | Last 4 digits of account number           |   |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 or     | lid you list the original creditor?                   |  |
| Synchrony Bank                                       | Line <b>4.17</b> of ( <i>Check one</i> ): | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| C/O Portfolio Recovery<br>120 Corporate Blvd Ste 100 |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| Norfolk, VA 23502                                    |   |   |  |
| ,  | Last 4 digits of account number           |   |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 or     |   |  |
| Synchrony Bank/Amazon                                | Line 4.18 of (Check one):                 | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| Po Box 965015<br>Orlando, FL 32896                   |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |
| Change, i E 32030                                    | Last 4 digits of account number           |   |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 or     | did you list the original creditor?                   |  |
| Synchrony Bank/Lowes                                 | Line <b>4.19</b> of ( <i>Check one</i> ): | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| Po Box 956005<br>Orlando, FL 32896                   |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |
| Onanido, FL 32030                                    | Last 4 digits of account number           |   |  |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|     |   |   |  | Total Claim   |
|-----|---|---|--|---|
| 6a. | Domestic support obligations  | 6a.   | \$   | 0.00  |
|     |   |   |  |   |
| 6b. | Taxes and certain other debts you owe the government  | 6b.   | \$   | 0.00  |
| 6c. | Claims for death or personal injury while you were intoxicated  | 6c.   | \$   | 0.00  |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.   | \$   | 0.00  |
| 6e. | Total Priority. Add lines 6a through 6d.  | 6e.   | \$   | 0.00  |
| 01  | On the Alberta  | 01  |  | Total Claim   |
| οī. | Student loans   | от.   | \$   | 0.00  |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.   | \$   | 0.00  |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.   | \$   | 0.00  |
|     | 6b.<br>6c.<br>6d.<br>6e.<br>6f.   | <ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul> | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$  6e. Total Priority. Add lines 6a through 6d. 6e. \$  6f. Student loans 6f. \$  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$  \$  6g. \$  \$  6g. \$  \$  6g. \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ |

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60,043.57

Page 29 of 60 Case number (if known) Debtor 1 Sean William Fox

| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>60,043.5 |
|-----|---|-----|----------------|
|     |   |     |                |

Total Nonpriority. Add lines 6f through 6i.

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F

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| Fill in this infor  | rmation to identify your | case:             |             |                       |
|---------------------|--------------------------|-------------------|-------------|-----------------------|
| Debtor 1            | Sean William Fox         | (                 |             |                       |
|                     | First Name               | Middle Name       | Last Name   |                       |
| Debtor 2            |                          |                   |             |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF NEW YORK |                       |
| Case number         |                          |                   |             |                       |
| (if known)          |                          |                   |             | ☐ Check if this is an |
|                     |                          |                   |             | amended filing        |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | _                                       |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 | - C.I.y   |                                | Clato   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.4 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <u> </u>                                |
|     |           |                                |   |                   |   |

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|                   |  | Docume                       | nt Page 31 c             | <u>if 60</u>  |
|-------------------|--|------------------------------|--------------------------|---|
| Fill in this      | information to identify your c   | ase:                         |                          |   |
| Debtor 1          | Sean William Fox   |                              |                          |   |
|                   | First Name   | Middle Name                  | Last Name                |   |
| Debtor 2          |  | MC I II N                    |                          |   |
| Spouse if, filing | g) First Name  | Middle Name                  | Last Name                |   |
| Jnited Stat       | es Bankruptcy Court for the:   | NORTHERN DISTRICT            | OF NEW YORK              |   |
| Case numb         | ner  |                              |                          |   |
| if known)         |  |                              |                          | ☐ Check if this is an   |
|                   |  |                              |                          | amended filing  |
|                   |  |                              |                          |   |
| Official          | Form 106H  |                              |                          |   |
| Sched             | ule H: Your Code   | htors                        |                          | 12/15   |
| <del></del>       | ale III. I dai daac  | , DtOI 3                     |                          | 12/13   |
|                   | and case number (if known).  you have any codebtors? (If you           | , ,                          |                          | as a codebtor   |
| 1. Бо у           | ou have any codebiors: (ii yo  | ou are ming a joint case, o  | o not list either spouse | as a codebiol.  |
| ■ No              |  |                              |                          |   |
| ☐ Yes             |  |                              |                          |   |
|                   | nin the last 8 years, have you l<br>a, California, Idaho, Louisiana, N |                              |                          | y? (Community property states and territories include ngton, and Wisconsin.)  |
| ■ No.             | Go to line 3.  |                              |                          |   |
| ☐ Yes.            | . Did your spouse, former spous  | se, or legal equivalent live | with you at the time?    |   |
|                   |  |                              |                          |   |
| in line<br>Form 1 | 2 again as a codebtor only if  | that person is a guarant     | or or cosigner. Make     | if your spouse is filing with you. List the person shown<br>sure you have listed the creditor on Schedule D (Official<br>6G). Use Schedule D, Schedule E/F, or Schedule G to fill |
| _                 | Column 1: Your codebtor  |                              |                          | Column 2: The creditor to whom you owe the debt   |
| N                 | lame, Number, Street, City, State and ZIP                              | Code                         |                          | Check all schedules that apply:   |
| 3.1               |  |                              |                          | ☐ Schedule D. line  |
|                   | Name   |                              |                          | ☐ Schedule E/F, line  |
|                   |  |                              |                          | ☐ Schedule G, line  |
| _                 | Otro et  |                              |                          |   |
|                   | Number Street<br>City  | State                        | ZIP Code                 |   |
|                   |  | Oldic                        | 2 0000                   |   |
| 3.2               |  |                              |                          | ☐ Schedule D, line  |
|                   | Name   |                              |                          | ☐ Schedule D, line  |
|                   |  |                              |                          | ☐ Schedule E/F, line  |
| <del>.</del>      | Number Circuit   |                              |                          |   |
|                   | Number Street<br>City  | State                        | ZIP Code                 |   |
|                   | · ·  |                              |                          |   |

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| Fill               | in this information to identify your   | case:   |                                  |              |         | ļ               |                   |  |             |          |
|--------------------|--|---|----------------------------------|--------------|---------|-----------------|-------------------|--|-------------|----------|
| Del                | otor 1 Sean Willia   | m Fox   |                                  |              | _       |                 |                   |  |             |          |
|                    | btor 2<br>buse, if filing)   |   |                                  |              | _       |                 |                   |  |             |          |
| Uni                | ited States Bankruptcy Court for the   | e: NORTHERN DISTRIC                                   | CT OF NEW YORK                   |              |         |                 |                   |  |             |          |
| (If kr             | se number<br>  |   | -                                |              |         |                 | amende<br>ippleme | d filing<br>ent showing po<br>as of the follow |             | chapter  |
| <u>O</u>           | fficial Form 106I  |   |                                  |              |         | MM              | / DD/ Y           | YYY  |             |          |
| S                  | chedule I: Your Inc  | ome   |                                  |              |         |                 |                   |  |             | 12/15    |
| spo<br>atta<br>Par | plying correct information. If you use. If you are separated and yo ch a separate sheet to this form.  It 1: Describe Employment | ur spouse is not filing w<br>On the top of any additi | ith you, do not incli            | ude infori   | mati    | on about yo     | our spo           | use. If more                                   | space is r  | needed,  |
| 1.                 | Fill in your employment<br>information.  |   | Debtor 1                         |              |         | D               | ebtor 2           | or non-filing                                  | g spouse    |          |
|                    | If you have more than one job, attach a separate page with   | Employment status                                     | ■ Employed                       |              |         | ☐ Employed      |                   |  |             |          |
|                    | information about additional   | pe.,eee.  | ☐ Not employed                   |              | □ Not e |                 |                   | mployed  |             |          |
|                    | employers.   | Occupation  | Service Tech.                    |              |         |                 |                   |  |             |          |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name                                       | Charter Spectr                   | um           |         |                 |                   |  |             |          |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                    | 7800 Crescent<br>Charlotte, NC 2 |              |         |                 |                   |  |             |          |
|                    |  | How long employed t                                   | here? 18 mo                      | nths         |         |                 |                   |  |             |          |
| Pai                | rt 2: Give Details About Mo  | nthly Income  |                                  |              |         |                 |                   |  |             |          |
|                    | mate monthly income as of the ouse unless you are separated.   | date you file this form. If                           | you have nothing to              | report for   | any     | line, write \$0 | 0 in the          | space. Includ                                  | le your non | n-filing |
|                    | ou or your non-filing spouse have me space, attach a separate sheet to   |   | ombine the information           | on for all e | emplo   | oyers for tha   | at perso          | n on the lines                                 | below. If y | ou need  |
|                    |  |   |                                  |              |         | For Debto       | or 1              | For Debto                                      |             |          |
| 2.                 | List monthly gross wages, sale deductions). If not paid monthly,   |   |                                  | 2.           | \$      | 3,38            | 34.69             | \$   | N/A         |          |
| 3.                 | Estimate and list monthly over   | time pay.   |                                  | 3.           | +\$     |                 | 0.00              | +\$  | N/A         |          |

Official Form 106I Schedule I: Your Income page 1

3,384.69

N/A

Calculate gross Income. Add line 2 + line 3.

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| Debtor 1            | Sean William Fox   | -          | Case r | number (if known) |     |                     |                       |
|---------------------|--|------------|--------|-------------------|-----|---------------------|-----------------------|
|                     |  |            | For    | Debtor 1          |     | btor 2 or           | se                    |
| Co                  | py line 4 here   | 4.         | \$     | 3,384.69          | \$  | N                   | I/A                   |
| 5. <b>Lis</b>       | st all payroll deductions:   |            |        |                   |     |                     |                       |
| 5a                  |  | 5a.        | \$     | 398.08            | \$  | •                   | I/A                   |
| 5b                  |  | 5b.        | \$     | 0.00              | \$  |                     | 1/A                   |
| 5c.                 | Voluntary contributions for retirement plans   | 5c.        | \$     | 288.37            | \$  | 1                   | I/A                   |
| 5d                  | . Required repayments of retirement fund loans   | 5d.        | \$     | 62.14             | \$  | 1                   | I/A                   |
| 5e                  |  | 5e.        | \$     | 97.93             | \$  |                     | I/A                   |
| 5f.                 | Domestic support obligations   | 5f.        | \$     | 0.00              | \$  |                     | 1/A                   |
| 5g                  |  | 5g.        | \$     | 0.00              |     |                     | 1/A                   |
| 5h                  | · · ·  | _ 5h.+     | \$     | 0.00              | -   |                     | I/A                   |
|                     | ld the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$     | 846.52            | \$  |                     | 1/A_                  |
| 7. <b>C</b> a       | Iculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$     | 2,538.17          | \$  |                     | 1/A_                  |
| 8. <b>Lis</b><br>8a | st all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$     | 0.00              | \$  |                     | I/A                   |
| 8b                  |  | 8b.        | \$<br> | 0.00              | \$  |                     | VA<br>VA              |
| 8c.                 | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$     | 0.00              | \$  |                     | I/A                   |
| 8d                  | • • •  | 8d.        | \$     | 0.00              | \$  |                     | I/A                   |
| 8e                  | •  | 8e.        | \$     | 0.00              | \$  |                     | 1/A_                  |
| 8f.                 | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   | 8f.        | \$     | 0.00              | \$  |                     | <b>I/A</b>            |
| 8g                  |  | 8g.        | \$     | 0.00              | \$  |                     | <u>//A</u>            |
| 8h                  | Other monthly income. Specify:   | _ 8h.+     | \$     | 0.00              | - 5 |                     | I/A                   |
| 9. <b>A</b> d       | ld all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$     | 0.00              | \$  |                     | N/A                   |
| 10 0-               | Jaulata manthly income Add line 7 y line 0   | 10 6       |        | 520 47 . ¢        |     | NI/A C              | 2 520                 |
|                     | Iculate monthly income. Add line 7 + line 9.  d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.   \$ _ |        | 2,538.17 + \$_    |     | <b>N/A</b> = \$     | 2,538.                |
| 11. Sta             | ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your ner friends or relatives.  In not include any amounts already included in lines 2-10 or amounts that are not a ecify: | depend     | •      |                   |     | edule J.<br>11. +\$ | 0.                    |
| Wr                  | Id the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain plies  |            |        |                   |     | 12. \$_             | 2,538.                |
| 13. <b>D</b> o      | you expect an increase or decrease within the year after you file this form  | ?          |        |                   |     |                     | nbined<br>nthly incom |
|                     | No.  |            |        |                   |     |                     |                       |

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| FIII   | in this informa             | tion to identify yo                   | our case:       |   |                       |            |                    |                               |       |
|--------|-----------------------------|---------------------------------------|-----------------|---|-----------------------|------------|--------------------|-------------------------------|-------|
| Deb    | tor 1                       | Sean William                          | ı Fox           |   |                       | Ch         | neck if this is:   |                               |       |
|        |                             |                                       |                 |   |                       |            |                    | •                             |       |
|        | tor 2                       |                                       |                 |   |                       |            |                    | owing postpetition chap       | pter  |
| (Spc   | ouse, if filing)            |                                       |                 |   |                       |            | 13 expenses as     | of the following date:        |       |
| Unite  | ed States Bankr             | uptcy Court for the                   | : NORTH         | IERN DISTRICT OF NEW  | YORK                  |            | MM / DD / YYYY     | ,                             |       |
| l      | e number                    |                                       |                 |   |                       |            |                    |                               |       |
| (If kr | nown)                       |                                       |                 |   |                       |            |                    |                               |       |
| Of     | ficial Fo                   | rm 106J                               |                 |   |                       |            |                    |                               |       |
| Sc     | chedule                     | J: Your                               | Exper           | ISES  |                       |            |                    |                               | 12/15 |
| Be a   | as complete a               | and accurate as                       | possible.       | If two married people ar<br>ch another sheet to this        |                       |            |                    |                               | 1     |
| ···    | <u> </u>                    | •                                     |                 | ···   |                       |            |                    |                               |       |
| Pari   |                             | ibe Your House                        | hold            |   |                       |            |                    |                               |       |
| 1.     | Is this a join              |                                       |                 |   |                       |            |                    |                               |       |
|        | No. Go to                   |                                       |                 |   |                       |            |                    |                               |       |
|        | ☐ Yes. <b>Doe</b>           | s Debtor 2 live                       | in a separ      | ate household?  |                       |            |                    |                               |       |
|        | □ No                        |                                       |                 |   |                       |            |                    |                               |       |
|        | ☐ Ye                        | es. Debtor 2 mus                      | st file Offici  | al Form 106J-2, Expenses                                    | for Separate House    | hold of De | ebtor 2.           |                               |       |
| 2.     | Do you have                 | e dependents?                         | ■ No            |   |                       |            |                    |                               |       |
|        | Do not list De<br>Debtor 2. | ebtor 1 and                           | ☐ Yes.          | Fill out this information for each dependent                | Dependent's relati    |            | Dependent's<br>age | Does dependent live with you? |       |
|        | Debtor 2.                   |                                       |                 | each dependent  | Debitor 1 or Debitor  | - L        | aye                | _                             |       |
|        | Do not state                |                                       |                 |   |                       |            |                    | □ No                          |       |
|        | dependents                  | names.                                |                 |   |                       |            |                    | _                             |       |
|        |                             |                                       |                 |   |                       |            |                    | □ No<br>□ Yes                 |       |
|        |                             |                                       |                 |   | -                     |            | <del></del>        | _ □ Yes<br>□ No               |       |
|        |                             |                                       |                 |   |                       |            |                    | ☐ Yes                         |       |
|        |                             |                                       |                 |   |                       |            |                    | _ □ No                        |       |
|        |                             |                                       |                 |   |                       |            |                    | ☐ Yes                         |       |
| 3.     | Do your exp                 | enses include                         |                 | No  |                       |            |                    |                               |       |
|        |                             | f people other t                      | han $_{m \Box}$ | Yes   |                       |            |                    |                               |       |
|        | yourself and                | d your depende                        | nts? —          | 100   |                       |            |                    |                               |       |
| Part   |                             | ate Your Ongoi                        |                 |   |                       |            |                    |                               |       |
| exp    |                             |                                       |                 | uptcy filing date unless y<br>y is filed. If this is a supp |                       |            |                    |                               |       |
|        |                             |                                       |                 | government assistance i                                     |                       |            |                    |                               |       |
|        | icial Form 10               |                                       | a nave me       | nuded it on <i>Schedule I.</i> 1                            | our income            |            | Your ex            | rpenses                       |       |
| 4.     |                             | or home owners<br>and any rent for th |                 | ses for your residence. In                                  | nclude first mortgage | e<br>4.    | \$                 | 800.00                        |       |
|        | If not includ               | led in line 4:                        |                 |   |                       |            |                    |                               |       |
|        | 4a. Real e                  | estate taxes                          |                 |   |                       | 4a.        | \$                 | 0.00                          |       |
|        | 4b. Proper                  | rty, homeowner's                      | s, or renter    | 's insurance  |                       | 4b.        | \$                 | 0.00                          |       |
|        | 4c. Home                    | maintenance, re                       | pair, and ι     | ıpkeep expenses   |                       | 4c.        |                    | 0.00                          |       |
| _      |                             | owner's associat                      |                 |   |                       | 4d.        |                    | 0.00                          |       |
| 5.     | Additional n                | nortgage payme                        | ents for yo     | our residence, such as ho                                   | me equity loans       | 5.         | \$                 | 0.00                          |       |

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| Debtor 1                   | Sean William Fox  | Case numb         | er (if known) |                            |
|----------------------------|---|-------------------|---------------|----------------------------|
| 6. <b>Utiliti</b>          | as.   |                   |               |                            |
| 6a.                        | Electricity, heat, natural gas  | 6a.               | \$            | 200.00                     |
| 6b.                        | Water, sewer, garbage collection  | 6b.               | \$            | 50.00                      |
| 6c.                        | Telephone, cell phone, Internet, satellite, and cable services                            | 6c.               | \$            | 330.00                     |
| 6d.                        | Other. Specify:   | 6d.               | \$            | 0.00                       |
|                            | and housekeeping supplies   |                   | \$            | 400.00                     |
|                            | care and children's education costs   | 7.<br>8.          | \$<br>        |                            |
| -                          |   | 9.                |               | 0.00                       |
|                            | ing, laundry, and dry cleaning  |                   | \$            | 40.00                      |
|                            | onal care products and services   | 10.               | \$            | 30.00                      |
|                            | cal and dental expenses   | 11.               | \$            | 0.00                       |
|                            | sportation. Include gas, maintenance, bus or train fare.                                  | 12.               | \$            | 150.00                     |
|                            | ot include car payments.  tainment, clubs, recreation, newspapers, magazines, and books   | 13.               | \$            | 24.00                      |
|                            |   |                   |               |                            |
|                            | itable contributions and religious donations  | 14.               | \$            | 0.00                       |
| 5. Insur                   |   |                   |               |                            |
|                            | ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance | 15a.              | \$            | 0.00                       |
|                            | Health insurance  |                   | \$<br>        | 0.00                       |
|                            | Vehicle insurance   |                   | \$<br>        | 92.00                      |
|                            |   | 15d.              | \$<br>        |                            |
|                            | Other insurance. Specify:   |                   | Φ             | 0.00                       |
| o. T <b>axe</b> :<br>Speci | s. Do not include taxes deducted from your pay or included in lines 4 or 20.<br>ifv:      | 16.               | \$            | 0.00                       |
|                            | Ilment or lease payments:   |                   |               | 0.00                       |
|                            | Car payments for Vehicle 1  | 17a.              | \$            | 366.10                     |
| 17b.                       | Car payments for Vehicle 2  | 17b.              | \$            | 0.00                       |
| 17c.                       | Other. Specify:   | 17c.              | \$            | 0.00                       |
|                            | Other. Specify:   | 17d.              | \$            | 0.00                       |
|                            | payments of alimony, maintenance, and support that you did not repo                       |                   | •             | 0.00                       |
|                            | cted from your pay on line 5, Schedule I, Your Income (Official Form 1                    | <b>06I).</b> 18.  | \$            | 0.00                       |
| 9. <b>Othe</b> i           | r payments you make to support others who do not live with you.                           |                   | \$            | 0.00                       |
| Speci                      | ·   | 19.               |               |                            |
|                            | r real property expenses not included in lines 4 or 5 of this form or on                  |                   |               |                            |
|                            | Mortgages on other property   | 20a.              |               | 0.00                       |
|                            | Real estate taxes   |                   | \$            | 0.00                       |
| 20c.                       | Property, homeowner's, or renter's insurance  | 20c.              | \$            | 0.00                       |
| 20d.                       | Maintenance, repair, and upkeep expenses  | 20d.              | \$            | 0.00                       |
| 20e.                       | Homeowner's association or condominium dues   | 20e.              | \$            | 0.00                       |
| 1. Other                   | r: Specify: pet expenses  | 21.               | +\$           | 120.00                     |
| 2. Calcı                   | ulate your monthly expenses   | _                 |               |                            |
|                            | Add lines 4 through 21.   |                   | \$            | 2,602.10                   |
|                            | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106              | 3.I-2             | \$            | 2,002.10                   |
|                            |   |                   | ·             | 0.000.40                   |
| 22C. F                     | Add line 22a and 22b. The result is your monthly expenses.                                |                   | \$            | 2,602.10                   |
|                            | ulate your monthly net income.  | ·                 |               |                            |
| 23a.                       | Copy line 12 (your combined monthly income) from Schedule I.                              | 23a.              | \$            | 2,538.17                   |
| 23b.                       | Copy your monthly expenses from line 22c above.   | 23b.              | -\$           | 2,602.10                   |
|                            |   | Г                 |               | ·                          |
| 23c.                       | Subtract your monthly expenses from your monthly income.                                  | 00-               | ¢             | -63.93                     |
|                            | The result is your <i>monthly net income</i> .  | 23c.              | \$            | -03.33                     |
| 24 Do w                    | ou expect an increase or decrease in your expenses within the year af                     | ter you file this | form?         |                            |
|                            | ample, do you expect to finish paying for your car loan within the year or do you expe    |                   |               | e or decrease because of a |
|                            | cation to the terms of your mortgage?   | , - aor igago p   | ,             | 2. 200.0000 booduoo oi d   |
| ■ No                       | ,   |                   |               |                            |
| □ Ye                       |   |                   |               |                            |

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| Fill in 4  | his information to identify you                                  | II. 00001  |                             |   |                                     |  |
|------------|--|--|-----------------------------|---|-------------------------------------|--|
|            | is information to identify your case:                            |  |                             |   |                                     |  |
| Debtor '   | 1 Sean William For   | Middle Name  | Last Name                   |   |                                     |  |
| Debtor 2   | 2  |  |                             |   |                                     |  |
| (Spouse if | , filing) First Name   | Middle Name  | Last Name                   |   |                                     |  |
| United S   | States Bankruptcy Court for the                                  | : NORTHERN DISTRICT                                      | T OF NEW YORK               |   |                                     |  |
| Case nu    | ımber  |  |                             |   |                                     |  |
| (if known) |  |  |                             | -   | neck if this is an<br>nended filing |  |
| You mus    | g money or property by fraud<br>r both. 18 U.S.C. §§ 152, 1341   | ı file bankruptcy schedule<br>I in connection with a ban | s or amended schedules.     | rect information.<br>. Making a false statement, conce<br>n fines up to \$250,000, or imprisc |                                     |  |
|            | Sign Below   |  |                             |   |                                     |  |
| Die        | d you pay or agree to pay son                                    | neone who is NOT an atto                                 | rney to help you fill out b | eankruptcy forms?   |                                     |  |
| -          | No   |  |                             |   |                                     |  |
|            | Yes. Name of person  |  |                             | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  |                                     |  |
|            | der penalty of perjury, I declar<br>t they are true and correct. | re that I have read the sun                              | nmary and schedules filed   | d with this declaration and   |                                     |  |
| Х          | /s/ Sean William Fox   |  | X                           |   |                                     |  |
|            | Sean William Fox<br>Signature of Debtor 1                        |  | Signature of                | Debtor 2  |                                     |  |
|            | Date <b>April 9, 2019</b>  |  | Date                        |   |                                     |  |

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|          |                | nation to identify you                         |                |                   |             |                       |                     |              |                               |
|----------|----------------|--|----------------|-------------------|-------------|-----------------------|---------------------|--------------|-------------------------------|
| Debt     | or 1           | Sean William Fo                                |                | idle Name         |             | Last Name             |                     |              |                               |
| Debt     |                |  |                |                   |             |                       |                     |              |                               |
| (Spous   | se if, filing) | First Name                                     | Mic            | ddle Name         |             | Last Name             |                     |              |                               |
| Unite    | d States Ba    | nkruptcy Court for the:                        | NORTH          | IERN DISTRICT     | OF NEW      | / YORK                |                     |              |                               |
| Case     | number         |  |                |                   |             |                       |                     |              |                               |
| (if know | vn)            |  |                |                   |             |                       |                     | _            | neck if this is an            |
|          |                |  |                |                   |             |                       |                     | an           | nended filing                 |
| Off:     | oial Ea        | rm 107   |                |                   |             |                       |                     |              |                               |
|          |                | rm 107   | Affaira        | for Indivi        | اميياه      | . Eiling for B        | Popleruptov         |              | 4/4                           |
|          |                | of Financial                                   |                |                   |             |                       |                     |              | 4/1:                          |
|          |                | and accurate as poss<br>nore space is needed   |                |                   |             |                       |                     |              |                               |
| numb     | er (if know    | n). Answer every que                           | stion.         | •                 |             | •                     |                     | •            |                               |
| Part     | 1: Give D      | Details About Your Ma                          | arital Statu   | s and Where Yo    | u Lived     | Before                |                     |              |                               |
| 1. \     | What is you    | r current marital stati                        | us?            |                   |             |                       |                     |              |                               |
| ı        | ☐ Married      |  |                |                   |             |                       |                     |              |                               |
| i        | ■ Not mar      |  |                |                   |             |                       |                     |              |                               |
| 2. [     | Ouring the l   | act 2 veers, have you                          | lived enve     | uhara athar thai  | a whore     | vou live now?         |                     |              |                               |
| Z. L     | ouring the i   | ast 3 years, have you                          | nived anyw     | vnere other thar  | i where     | you live now?         |                     |              |                               |
| [        | □ No           |  |                |                   |             |                       |                     |              |                               |
|          | ■ Yes. Lis     | st all of the places you                       | lived in the   | last 3 years. Do  | not includ  | de where you live nov | v.                  |              |                               |
|          | Debtor 1 Pr    | rior Address:                                  |                | Dates Debtor      | 1           | Debtor 2 Prior Ad     | ddress:             |              | Dates Debtor 2<br>lived there |
|          | 4929 Norti     | h Jefferson St.                                |                | From-To:          |             | ☐ Same as Debtor      | 1                   |              | Same as Debtor 1              |
|          | Pulaski, N     | Y 13142  |                | 01/2015 - 06/     | 2017        |                       |                     |              | From-To:                      |
| _        |                |  |                |                   |             |                       |                     |              |                               |
|          | 252 E. 9th     | <b>-</b>                                       |                | From-To:          | 0040        | ☐ Same as Debtor      | 1                   |              | ☐ Same as Debtor 1            |
|          | Oswego, I      | NY 13126                                       |                | 06/2017 - 08/     | 2018        |                       |                     |              | From-To:                      |
| -        |                |  |                |                   |             |                       |                     |              |                               |
| 3. \     | Vithin the la  | ast 8 years, did you e                         | ver live wit   | h a spouse or le  | egal equi   | ivalent in a commur   | nity property state | or territory | ? (Community property         |
| states   | and territor   | ies include Arizona, Ca                        | alifornia, Ida | iho, Louisiana, N | evada, N    | lew Mexico, Puerto R  | tico, Texas, Washin | gton and Wi  | sconsin.)                     |
| ı        | No             |  |                |                   |             |                       |                     |              |                               |
| [        | ☐ Yes. Ma      | ake sure you fill out Sc                       | hedule H: Y    | our Codebtors (   | Official Fo | orm 106H).            |                     |              |                               |
| Part     | 2 Evnlai       | in the Sources of You                          | ır İncome      |                   |             |                       |                     |              |                               |
| · arc    |                |  |                |                   |             |                       |                     |              |                               |
|          |                | e any income from en<br>al amount of income yo |                |                   |             |                       |                     | vious calen  | dar years?                    |
|          |                | ng a joint case and you                        |                | ,                 |             | , , ,                 |                     |              |                               |
| ı        | □ No           |  |                |                   |             |                       |                     |              |                               |
| İ        | _              | I in the details.                              |                |                   |             |                       |                     |              |                               |
|          |                |  | Debtor 1       |                   |             |                       | Debtor 2            |              |                               |
|          |                |  |                | of income         | Gro         | ss income             | Sources of inco     | ome          | Gross income                  |
|          |                |  |                | that apply.       | (befo       | ore deductions and    | Check all that ap   |              | (before deductions            |
|          |                |  |                |                   | excl        | usions)               |                     |              | and exclusions)               |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Sean William Fox

|   |      |                 |       |  |   | Debtor 1                             |                                       |  |  |                    | Debtor 2                                      |            |   |
|---|------|-----------------|-------|--|---|--------------------------------------|---------------------------------------|--|--|--------------------|---|------------|---|
|   |      |                 |       |  |   |                                      | of income<br>that apply.              | (befor   | s income<br>re deductions and<br>sions)                |                    | Sources of inc<br>Check all that a            |            | Gross income<br>(before deductions<br>and exclusions) |
|   |      |                 |       |  | nt year until<br>kruptcy:                 | ■ Wages                              | s, commissions,<br>tips               |  | \$9,372.99   |                    | ☐ Wages, com<br>bonuses, tips                 | missions,  |   |
|   |      |                 |       |  |   | ☐ Opera                              | ting a business                       |  |  |                    | ☐ Operating a                                 | business   |   |
|   |      | calen<br>/ 1 to |       |  | 31, 2018 )                                | ■ Wages                              | s, commissions,<br>tips               |  | \$34,363.00  |                    | ☐ Wages, com<br>bonuses, tips                 | missions,  |   |
|   |      |                 |       |  |   | ☐ Opera                              | ting a business                       |  |  |                    | ☐ Operating a                                 | business   |   |
|   |      |                 |       |  | ore that:<br>31, 2017)                    | ■ Wages                              | s, commissions,                       |  | \$18,572.00  |                    | ☐ Wages, com<br>bonuses, tips                 | missions,  |   |
|   |      |                 |       |  |   | ☐ Opera                              | ting a business                       |  |  |                    | ☐ Operating a                                 | business   |   |
|   |      | each s          | sourc |  | ne gross inco                             | •                                    | •                                     |  | ved together, list it                                  |                    | •   |            | ·   |
|   |      |                 |       |  |   | D 14 4                               |                                       |  |  |                    | <b>D</b> 14 0                                 |            |   |
|   |      |                 |       |  |   | Debtor 1<br>Sources<br>Describe      | of income<br>below.                   | each<br>(befor                                   | s income from<br>source<br>re deductions and<br>sions) |                    | Debtor 2<br>Sources of inc<br>Describe below. |            | Gross income<br>(before deductions<br>and exclusions) |
| Par   | t 3: | List            | Cert  | ain Pa   | yments You                                | Made Befo                            | ore You Filed for                     | Bankrup  | otcy   |                    |   |            |   |
| 6. Are either Debtor 1's or Debtor 2's  No. Neither Debtor 1 nor De individual primarily for a p  During the 90 days befor  No. Go to line 7.   |      |                 |       | ebtor 1 nor D<br>orimarily for a<br>90 days befo<br>Go to line 7 | ebtor 2 ha<br>personal, f<br>re you filed | s primarily constraintly, or househo | umer dek<br>old purpos<br>id you pa   | ots. Consumer del<br>se."<br>y any creditor a to | tal o  | ıf \$6,825* or moı | re?   |            |   |
| ☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, or not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. |      |                 |       |  |   |                                      | nd alimony. Also, do                  |  |  |                    |   |            |   |
|   | •    | Yes.            |       |  |   |                                      | e primarily consul for bankruptcy, di |  | ots.<br>y any creditor a to                            | tal o              | f \$600 or more?                              |            |   |
|   |      |                 |       | No.  | Go to line 7                              |                                      |                                       |  |  |                    |   |            |   |
|   |      |                 |       | Yes  |   | ments for d                          | lomestic support o                    |  | of \$600 or more ar<br>s, such as child su             |                    |   |            | creditor. Do not nclude payments to an                |
|   | Cre  | ditor'          | s Naı | ne and   | I Address                                 |                                      | Dates of payme                        | ent  | Total amount paid                                      |                    | Amount you still owe                          | Was this p | payment for   |

Case 19-30498-5-mcr Doc 1 Filed 04/12/19 Entered 04/12/19 11:35:27 Page 39 of 60 Document Case number (if known) Debtor 1 Sean William Fox Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address **Dates of payment** Total amount Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number **Trevor Waite** civil Supreme Court of the State □ Pending

|                   | of New York<br>County of Oswego                               | ☐ On appeal ☐ Concluded   |  |  |
|-------------------|---|---|--|--|
|                   |   | judgment  |  |  |
| civil             | Supreme Court of the State<br>of New York<br>County of Oswego | <ul><li>□ Pending</li><li>□ On appeal</li><li>■ Concluded</li></ul>   |  |  |
|                   |   | judgment  |  |  |
| contempt of court | Supreme Court of the State<br>of New York<br>County of Oswego | ■ Pending □ On appeal □ Concluded   |  |  |
|                   |   | civil Supreme Court of the State of New York County of Oswego  contempt of court Supreme Court of the State of New York |  |  |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property | Date | Value of the |
|---------------------------|-----------------------|------|--------------|
|                           |                       |      | property     |
|                           | Explain what happened |      |              |

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Case number (if known)

Debtor 1 Sean William Fox

|                | Creditor Name and Address  | Describe the Property  | Date                     | Value of the property     |
|----------------|--|--|--------------------------|---------------------------|
|                |  | Explain what happened  |                          |                           |
|                | Trevor Waite C/O Carolyn Daley Scott, Esq.   | wages being garnished  |                          | Unknown                   |
|                | PO Box 314   | ☐ Property was repossessed.  |                          |                           |
|                | Port Jefferson Station, NY 11776   | ☐ Property was foreclosed.   |                          |                           |
|                |  | ■ Property was garnished.  |                          |                           |
|                |  | ☐ Property was attached, seized or levied.   |                          |                           |
| 11.            | Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No  Yes. Fill in the details.   | ptcy, did any creditor, including a bank or financial in<br>cause you owed a debt? | stitution, set off any   | amounts from your         |
|                | Creditor Name and Address  | Describe the action the creditor took  | Data action was          | Amount                    |
|                | Creditor Name and Address  | Describe the action the creditor took  | Date action was taken    | Amount                    |
| <b>Par</b> 13. |  |  | than \$600 per person    | ?                         |
|                | <ul><li>■ No</li><li>□ Yes. Fill in the details for each gift.</li></ul>   |  |                          |                           |
|                | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts | Value                     |
|                | Person to Whom You Gave the Gift and Address:  |  |                          |                           |
| 14.            | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or contains the | ptcy, did you give any gifts or contributions with a tot                           | al value of more than    | \$600 to any charity?     |
|                | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)   | tal Describe what you contributed  | Dates you contributed    | Value                     |
| Par            | t 6: List Certain Losses   |  |                          |                           |
| 15.            | or gambling?   | tcy or since you filed for bankruptcy, did you lose any                            | thing because of the     | ft, fire, other disaster, |
|                | Yes. Fill in the details.  |  |                          |                           |
|                | how the lose occurred  | Describe any insurance coverage for the loss                                       | Date of your loss        | Value of property lost    |

insurance claims on line 33 of Schedule A/B: Property.

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Debtor 1 Sean William Fox

| Part 7: | List Certain | <b>Payments</b> | or Transfers |
|---------|--------------|-----------------|--------------|

| 16. | Within 1 year before you filed for bankruptcy, di<br>consulted about seeking bankruptcy or preparie<br>Include any attorneys, bankruptcy petition preparer   | ng a bankruptcy pet                             | ition?                     |                |  | rty to anyone you                             |  |  |  |  |
|-----|--|---|----------------------------|----------------|--|---|--|--|--|--|
|     | □ No ■ Yes. Fill in the details.   |   |                            |                |  |   |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | transferred or                                  |                            |                | Date payment or transfer was made                  | Amount of payment                             |  |  |  |  |
|     | Simonetta & Associates, P.C.<br>109 South Warren St., Ste. 512<br>Syracuse, NY 13202   | Attorney Fees                                   |                            |                |  | \$1,000.00                                    |  |  |  |  |
| 17. | lithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who romised to help you deal with your creditors or to make payments to your creditors? o not include any payment or transfer that you listed on line 16.   |   |                            |                |  |   |  |  |  |  |
|     | Yes. Fill in the details.  Person Who Was Paid  Address  | Description and v transferred                   | alue of any prope          | rty            | Date payment or transfer was made                  | Amount of payment                             |  |  |  |  |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |   |                            |                |  |   |  |  |  |  |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  |   |                            |                | ny property or received or debts change            | Date transfer was made                        |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect ■ No □ Yes. Fill in the details.   |   | y property to a sel        | lf-settled tru | st or similar device o                             | of which you are a                            |  |  |  |  |
|     | Name of trust  | Description and value of the property transferr |                            |                | ed   | Date Transfer was made                        |  |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Instru  | ments, Safe Deposit                             | Boxes, and Stora           | ge Units       |  |   |  |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or ot houses, pension funds, cooperatives, association No  ✓ Yes. Fill in the details.  | her financial accour                            | nts; certificates of       |                |  |   |  |  |  |  |
|     |  | st 4 digits of count number                     | Type of account instrument | clos           | e account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |  |  |  |  |
|     |  |   |                            |                |  |   |  |  |  |  |

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Debtor 1 Sean William Fox

| Address (Number, Street, City, State and ZIP Code) State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Size means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  4. Has any governmental unit notified you that you way be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Name of Site Address (Number, Street, City, State and ZIP Code)  Rovernmental unit Address (Number, Street, City, State and ZIP Code)  Part 10: Environmental law, if you know it is an environmental law, whether you notified any governmental unit of any release of hazardous material?   | 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for bankruptcy, a    | ny safe deposit box or other deposite | ory for securities,   |
|--|-----|--|--|---------------------------------------|-----------------------|
| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Size means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to own, operate, or utilize it, including disposal sites.  Hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes, Fill in the details.  Name of site Address (Number, Street, City, State and Zip Code) Address (Number, Street, City, State and Zip Code) Address (Number, Street, City, State and Zip Code) Address (Number, Street, City, State and Zip Code) Address (Number, Street, City, State and Zip Code) Address (Number, Street, C |     | No   |  |                                       |                       |
| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No   Yes. Fill in the details.   Name of Streage Facility   Who else has or had access to It?   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP |     | Yes. Fill in the details.  |  |                                       |                       |
| No   Yes. Fill in the details.   Name of Storage Facility   Who else has or had access to fit?   Address (Number, Street, City, State and ZIP Code)   Yes. Fill in the details.   No   Yes. Fill in    |     |  | Address (Number, Street, City,           | Describe the contents                 | Do you still have it? |
| Yes. Fill in the details.   Name of Storage Facility   Who else has or had access to it?   Address (Number, Street, City, State and ZIP Code)   State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   State and ZIP Code)   Part 9:   Identify Property You Hold or Control for Someone Else  | 22. | _  | place other than your home within 1      | year before you filed for bankruptcy  | ?                     |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Part 102:  Environmental faw means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes, Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Date of in Address (Number, Street, City, State and ZIP Code)  Date of in Address (Number, Street, City, State and ZIP Code)  |     | _  |  |                                       |                       |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in for someone.  ■ No  □ Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Part 103 Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, or material.  ■ Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to to own, operate, or utilize it, including disposal sites.  ■ Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  ■ No  □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and Environmental law, if you know it  Address (Number, Street, City, State and Environmental law, if you know it  |     |  | to it? Address (Number, Street, City,    | Describe the contents                 | Do you still have it? |
| For someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Nomer's Name Address (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Pate of interpretation and the property code in the proper | Par | t 9: Identify Property You Hold or Control fo                          | or Someone Else                          |                                       |                       |
| Yes. Fill in the details.   Owner's Name   Address (Number, Street, City, State and ZIP Code)   Where is the property? (Number, Street, City, State and ZIP Code)   Obscribe the property   Obscribe the property  | 23. |  | eone else owns? Include any proper       | ty you borrowed from, are storing fo  | r, or hold in trust   |
| Owner's Name Address (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Pate of number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)   |     | ■ No   |  |                                       |                       |
| Address (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Report all notice and zip Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Report all notice and zip Code)  Covernmental unit and zip Code)  Address (Number, Street, City, State and ZIP Code)  Covernmental unit and zip Code)  Pate of material and zip Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  |     | ☐ Yes. Fill in the details.  |  |                                       |                       |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  |     |  | (Number, Street, City, State and ZIP     | Describe the property                 | Value                 |
| <ul> <li>Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazard toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.</li> <li>Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to own, operate, or utilize it, including disposal sites.</li> <li>Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.</li> <li>Report all notices, releases, and proceedings that you know about, regardless of when they occurred.</li> <li>Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>Name of site</li> <li>Address (Number, Street, City, State and ZIP Code)</li> <li>Governmental unit Address (Number, Street, City, State and ZIP Code)</li> <li>Address (Number, Street, City, State and ZIP Code)</li> <li>Address (Number, Street, City, State and ZIP Code)</li> <li>Pyes. Fill in the details.</li> <li>Name of site</li> <li>Address (Number, Street, City, State and ZIP Code)</li> <li>Address (Number, Street, City, State and ZIP Code)</li> <li>Pate of new Address (Number, Street, City, State and ZIP Code)</li> </ul>  | Par | t 10: Give Details About Environmental Infor                           | mation                                   |                                       |                       |
| toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Pyes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Date of new Code State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)   | For | the purpose of Part 10, the following definition                       | ns apply:                                |                                       |                       |
| to own, operate, or utilize it, including disposal sites.  **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  *Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  **No** No**   Security** No**   Power mental unit   **Address** (Number, Street, City, State and ZIP Code)   Address** (Number, Street, City, State and ZIP Code)    **Power mental unit**   Environmental law, if you know it**    **No** No**   Power mental unit of any release of hazardous material?  **No** No**   Power mental unit of any release of hazardous material?  **No** No**   Power mental unit of any release of hazardous material?  **No** No**   Power mental unit of any release of hazardous material?  **No**   Power mental unit of any release of hazardous material?  **Address** (Number, Street, City, State and ZIP Code)   Power mental unit of any release of hazardous material?  |     | toxic substances, wastes, or material into the                         | air, land, soil, surface water, ground   | •                                     |                       |
| Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Page of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)   |     |  | -  | law, whether you now own, operate,    | or utilize it or used |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Code)  Code  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Code  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Code  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  |     | , ,  |  | waste, hazardous substance, toxic     | substance,            |
| No   Yes. Fill in the details.   Name of site   Governmental unit   Address (Number, Street, City, State and ZIP Code)   Date of not ZIP Code)    25. Have you notified any governmental unit of any release of hazardous material?   No   Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)   Governmental unit   Environmental law, if you   know it      Environmental law, if you   Date of not Record to the provided Head of the prov | Rep | ort all notices, releases, and proceedings that                        | you know about, regardless of wher       | they occurred.                        |                       |
| <ul> <li>Yes. Fill in the details.</li> <li>Name of site         Address (Number, Street, City, State and ZIP Code)</li> <li>Governmental unit         Address (Number, Street, City, State and ZIP Code)</li> <li>Have you notified any governmental unit of any release of hazardous material?</li> <li>No         <ul> <li>Yes. Fill in the details.</li> <li>Name of site</li></ul></li></ul>  | 24. | Has any governmental unit notified you that y                          | ou may be liable or potentially liable   | under or in violation of an environm  | ental law?            |
| <ul> <li>Yes. Fill in the details.</li> <li>Name of site         Address (Number, Street, City, State and ZIP Code)</li> <li>Governmental unit         Address (Number, Street, City, State and ZIP Code)</li> <li>Have you notified any governmental unit of any release of hazardous material?</li> <li>No         <ul> <li>Yes. Fill in the details.</li> <li>Name of site</li></ul></li></ul>  |     | ■ No   |  |                                       |                       |
| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)   |     | _  |  |                                       |                       |
| ■ No □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and know it  |     |  | Address (Number, Street, City, State and |                                       | Date of notice        |
| ☐ Yes. Fill in the details.         Name of site       Governmental unit       Environmental law, if you       Date of not know it         Address (Number, Street, City, State and ZIP Code)       Address (Number, Street, City, State and know it   | 25. | Have you notified any governmental unit of ar                          | ·  |                                       |                       |
| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and know it   |     | _  |  |                                       |                       |
|  |     | Name of site   | Address (Number, Street, City, State and | , ,                                   | Date of notice        |

Debtor 1 Sean William Fox Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** Amplified Life LLC EIN: 47-0963895 gym From-To 07/2014 - 06/2017 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No П Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sean William Fox Signature of Debtor 2 Sean William Fox Signature of Debtor 1 Date Date April 9, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Doc 1

Document

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| Fill in this inform                  | mation to identify your o                       | case:               |   |                            |  |
|--------------------------------------|---|---------------------|---|----------------------------|--|
| Debtor 1                             | Sean William Fox                                |                     |   | ,                          |  |
| Debior 1                             | First Name                                      | Middle Name         | Last Name   |                            |  |
| Debtor 2<br>(Spouse if, filing)      | First Name                                      | Middle Name         | Last Name   |                            |  |
|                                      |   |                     |   |                            |  |
| United States Ba                     | inkruptcy Court for the:                        | NORTHERN DIST       | RICT OF NEW YORK  |                            |  |
| Case number _                        |   |                     |   |                            |  |
| (if known)                           |   |                     |   |                            | Check if this is an amended filing                 |
| Official Fo                          |   | n for Indiv         | iduals Filing Unde  | r Chapter 7                | 12/15  |
|                                      |   |                     | <u> </u>  |                            |  |
|                                      | ividual filing under chap                       | . •                 | out this form if:   |                            |  |
| _                                    | e claims secured by you                         |                     |   |                            |  |
| You must file thi                    | ever is earlier, unless th                      | ithin 30 days after | ot expired.<br>you file your bankruptcy petition o<br>e time for cause. You must also sei |                            |  |
| •                                    | eople are filing together<br>nd date the form.  | in a joint case, bo | th are equally responsible for supp   | olying correct informati   | ion. Both debtors must                             |
|                                      | and accurate as possib<br>our name and case nun |                     | needed, attach a separate sheet to  | o this form. On the top    | of any additional pages,                           |
| Part 1: List Yo                      | our Creditors Who Have                          | Secured Claims      |   |                            |  |
| 1. For any credite                   | ors that you listed in Pa                       | rt 1 of Schedule D  | : Creditors Who Have Claims Secu  | red by Property (Offici    | al Form 106D), fill in the                         |
| information be                       | elow.   |                     |   | , , , ,                    | <i>,</i>   |
| identity the cre                     | editor and the property th                      | iat is collateral   | What do you intend to do with th secures a debt?  |                            | oid you claim the property s exempt on Schedule C? |
| Creditor's C                         | Carvant Financial Llc                           |                     | ☐ Surrender the property.   | ı                          | No   |
| name:                                |   |                     | ☐ Retain the property and redeen  |                            | <b>–</b> NO  |
| Description of                       | 2009 Infiniti G37X                              | 104 000 miles       | Retain the property and enter in  | ıto a 💢                    | ☐ Yes  |
| property                             | 2009 IIIIIIII G57 X                             | 104,000 iiiies      | Reaffirmation Agreement.  Retain the property and [explain]                               | n1·                        |  |
| securing debt:                       |   |                     | La Retain the property and lexplain   | ıj.                        |  |
|                                      |   |                     |   |                            |  |
|                                      | our Unexpired Personal                          |                     | in Schedule G: Executory Contract   | to and Unavnirad Lags      | os (Official Form 106C) fill                       |
| in the informatio                    | n below. Do not list rea                        | l estate leases. Un | expired leases are leases that are s<br>he trustee does not assume it. 11 t               | still in effect; the lease |  |
| Describe your u                      | nexpired personal prop                          | perty leases        |   | Will th                    | ne lease be assumed?                               |
| Lessor's name:                       |   |                     |   |                            |  |
| Description of lea                   | ased  |                     |   | □ No                       | )  |
| Property:                            |   |                     |   | ☐ Ye                       | es   |
| Lossor's name:                       |   |                     |   |                            |  |
| Lessor's name:<br>Description of lea | ased  |                     |   | □ No                       | )  |
| Property:                            |   |                     |   | ☐ Ye                       | es   |
| Lessor's name:                       |   |                     |   | □ No                       | )  |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debto   | r1 <u>S</u> | ean William Fox  | Case number (if known)  |                               |
|---------|-------------|--|---|-------------------------------|
| Descri  | ption o     | of leased  |   |                               |
| Prope   | rty:        |  |   | ☐ Yes                         |
| Lesso   |             | ne:<br>of leased   |   | □ No                          |
| Prope   |             |  |   | ☐ Yes                         |
| Lesso   |             | ne:<br>of leased   |   | □ No                          |
| Prope   | •           | i leaseu   |   | ☐ Yes                         |
| Lesso   |             | ne:<br>of leased   |   | □ No                          |
| Prope   | •           | n leaseu   |   | ☐ Yes                         |
| Lesso   |             |  |   | □ No                          |
| Prope   |             | of leased  |   | ☐ Yes                         |
| Part 3: | Sig         | gn Below   |   |                               |
|         |             | ry of perjury, I declare that I have in<br>t is subject to an unexpired lease. | dicated my intention about any property of my estate that sec | cures a debt and any personal |
| - —     |             | ın William Fox   | x   |                               |
| _       |             | William Fox<br>re of Debtor 1  | Signature of Debtor 2   |                               |
| D       | ate         | April 9, 2019  | Date  |                               |

| Fill in          | this information to identify your case:  |                       | Ch                      | ook on   | a hay anly as d   | reated in this form and                           | l in Form        |
|------------------|--|-----------------------|-------------------------|----------|-------------------|---|------------------|
| Debto            |  |                       |                         | 2A-1Si   |                   | rected in this form and                           | IIII FOIIII      |
|                  |  |                       |                         |          |                   |   |                  |
| Debto<br>(Spous  | or 2<br>e, if filing)  |                       | '                       | 1. T     | here is no presi  | umption of abuse                                  |                  |
| Unite            | d States Bankruptcy Court for the: Northern District of  | New York              |                         |          |                   | o determine if a presur                           |                  |
| Ormo             | Technology Countries and Technology Bload of   | TIOW TOTAL            | _                       |          |                   | nade under <i>Chapter 7</i><br>cial Form 122A-2). | Means Test       |
| Case<br>(if know | number   |                       | ,                       |          | `                 | •   | ,                |
| (11 10101        | ··· <b>·</b>   |                       |                         |          |                   | does not apply now be<br>service but it could an  |                  |
|                  |  |                       |                         |          |                   | n amended filing                                  | 1, 7             |
| Offi             | cial Form 122A - 1   |                       |                         | _ 0      |                   | Tamonaca ming                                     |                  |
|                  | apter 7 Statement of Your Cur  | rant Mar              | athly Inc               | om       | ^                 |   | 40/45            |
| CIIC             | pter / Statement of Tour Cur   | TELL MICH             | itiliy ilic             | OIII     | <del></del>       |   | 12/15            |
| attach           | complete and accurate as possible. If two married people a<br>a separate sheet to this form. Include the line number to w  | hich the addition     | nal information a       | pplies   | On the top of ar  | y additional pages, wri                           | te your name and |
|                  | umber (if known). If you believe that you are exempted fror<br>ing military service, complete and file Statement of Exemp  |                       |                         |          |                   |   |                  |
| Part             |  |                       | •                       |          | • ( ), ),         | •••   |                  |
|                  | What is your marital and filing status? Check one on   | lv.                   |                         |          |                   |   |                  |
|                  | _  | ıy.                   |                         |          |                   |   |                  |
|                  | ■ Not married. Fill out Column A, lines 2-11.  | at heath Calcussing   | ۸ ا D انام              | 0.44     |                   |   |                  |
|                  | ☐ Married and your spouse is filing with you. Fill ou  |                       |                         | 2-11.    |                   |   |                  |
|                  | ☐ Married and your spouse is NOT filing with you.  | •                     | •                       |          |                   |   |                  |
|                  | ☐ Living in the same household and are not lega  | •                     |                         |          | ,                 |   |                  |
|                  | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading   | egally separated      | d under nonban          | kruptc   | y law that applie | es or that you and your                           |                  |
|                  | in the average monthly income that you received from all   |                       |                         |          |                   |   |                  |
| the              | I (10A). For example, if you are filing on September 15, the 6-m<br>6 months, add the income for all 6 months and divide the total<br>buses own the same rental property, put the income from that p | by 6. Fill in the res | sult. Do not includ     | de any i | ncome amount me   | ore than once. For examp                          | ole, if both     |
| эрс              | uses own the same remai property, put the moome from that p  | operty in one con     | ullill Olliy. II you li | Colur    |                   | Column B  | ace.             |
|                  |  |                       |                         | Debte    |                   | Debtor 2 or                                       |                  |
|                  |  |                       |                         |          |                   | non-filing spouse                                 |                  |
|                  | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).  | ana commissio         | ons (before all         | \$       | 3,269.66          | \$  |                  |
| 3.               | Alimony and maintenance payments. Do not include   | payments from         | a spouse if             | \$       | 0.00              | \$  |                  |
|                  | Column B is filled in.<br>All amounts from any source which are regularly pa   | id for househo        | old expenses            | Ψ        |                   | Ψ   |                  |
|                  | of you or your dependents, including child support.  | Include regular       | contributions           |          |                   |   |                  |
|                  | from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp   |                       |                         |          |                   |   |                  |
|                  | filled in. Do not include payments you listed on line 3.   | odde offig if ooi     | anni Bio not            | \$       | 0.00              | \$  |                  |
| 5.               | Net income from operating a business, profession,  |                       |                         |          |                   |   |                  |
|                  |  |                       | otor 1                  |          |                   |   |                  |
|                  | Gross receipts (before all deductions)   | \$ 0.00<br>-\$ 0.00   |                         |          |                   |   |                  |
|                  | Ordinary and necessary operating expenses  |                       | Copy here ->            | Φ.       | 0.00              | \$  |                  |
|                  | Net monthly income from a business, profession, or farr  | n \$                  | Copy here ->            | Ψ        | 0.00              | Ψ   |                  |
| 6.               | Net income from rental and other real property   | Deb                   | otor 1                  |          |                   |   |                  |
|                  | Gross receipts (before all deductions)   | \$ 0.00               |                         |          |                   |   |                  |
|                  | Ordinary and necessary operating expenses  | -\$ 0.00              |                         |          |                   |   |                  |
|                  | Net monthly income from rental or other real property  | \$ 0.00               | Copy here ->            | \$       | 0.00              | \$  |                  |
|                  | Interest, dividends, and royalties   |                       |                         | \$       | 0.00              | \$  |                  |
|                  |  |                       |                         |          |                   |   |                  |

Official Form 122A-1

Case 19-30498-5-mcr Doc 1 Filed 04/12/19 Entered 04/12/19 11:35:27 Page 47 of 60 Document Sean William Fox Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 \$ For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 \$ benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 3.269.66 \$ 3,269.66 each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 3,269.66 Multiply by 12 (the number of months in a year) **x** 12 39,235.92 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: NY Fill in the state in which you live. Fill in the number of people in your household. 1 55,333.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

#### 14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

#### Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

#### X /s/ Sean William Fox

**Sean William Fox** 

Signature of Debtor 1

Date April 9, 2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1 Sean William Fox Case number (if known)

### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Charter Communications LLC

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$27,991.35 from check dated 9/30/2018 .

Ending Year-to-Date Income: \$38,436.34 from check dated 12/31/2018 .

This Year:

Current Year-to-Date Income: \$9,172.99 from check dated 3/31/2019 .

Income for six-month period (Current+(Ending-Starting)): \$19,617.98.

Average Monthly Income: \$3,269.66.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |          | 7:   | Liquidation        |
|------------|----------|------|--------------------|
|            | \$       | 245  | filing fee         |
|            | ;        | \$75 | administrative fee |
|            | <u>+</u> | \$15 | trustee surcharge  |
|            | \$       | 335  | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-30498-5-mcr Doc 1 Filed 04/12/19 Entered 04/12/19 11:35:27 Desc Main Document Page 53 of 60

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of New York

| In r   | e Sean William Fox  |   | Case No.          |                                    |    |  |
|--|---|---|-------------------|------------------------------------|----|--|
|  |   | Debtor(s)   | Chapter           | 7                                  |    |  |
|  | DISCLOSURE OF COMPE   | ENSATION OF ATTORN  | EY FOR DE         | EBTOR(S)                           |    |  |
| 1.   | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation   | ing of the petition in bankruptcy, or                               | agreed to be paid | to me, for services rendered or to | )  |  |
|  | For legal services, I have agreed to accept   |   | \$                | 1,000.00                           |    |  |
|  | Prior to the filing of this statement I have received   | 1   | \$                | 1,000.00                           |    |  |
|  | Balance Due   |   | \$                | 0.00                               |    |  |
| 2.   | The source of the compensation paid to me was:  |   |                   |                                    |    |  |
|  | ■ Debtor □ Other (specify):   |   |                   |                                    |    |  |
| 3.   | The source of compensation to be paid to me is:   |   |                   |                                    |    |  |
|  | ■ Debtor □ Other (specify):   |   |                   |                                    |    |  |
| 4.   | ■ I have not agreed to share the above-disclosed com  | npensation with any other person unle                               | ess they are mem  | bers and associates of my law firm | m. |  |
|  | ☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the name of the agreement.  |   |                   |                                    |    |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |                   |                                    |    |  |
|  | <ul><li>a. Analysis of the debtor's financial situation, and rend</li><li>b. Preparation and filing of any petition, schedules, state.</li><li>c. Representation of the debtor at the meeting of credit</li><li>d. [Other provisions as needed]</li></ul> | atement of affairs and plan which ma                                | y be required;    |                                    |    |  |
| 6.   | By agreement with the debtor(s), the above-disclosed for Preparation and filing of motions pursus Representation of the debtors in any districted motions to dismiss or any other Debtor.   | uant to 11 USC 522(f)(2)(A) for a ischargeability actions, judicial | avoidance of lie  | es, relief from stay actions,      |    |  |
|  |   | CERTIFICATION   |                   |                                    |    |  |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the deb this bankruptcy proceeding. |   |   |                   |                                    |    |  |
| April 9, 2019 /s/ Russell S. Simonetta   |   |   |                   |                                    |    |  |
| Date   |   | Russell S. Simonetta  | 510012            |                                    |    |  |
|  |   | Signature of Attorney Simonetta & Associa                           | ates, P.C.        |                                    |    |  |
|  |   | 109 South Warren S  | t., Suite 512     |                                    |    |  |
|  |   | Syracuse, NY 13202<br>(315) 472-3328 Fax:                           | (315) 472-432     | 1                                  |    |  |
|  |   | simonettalaw@aol.c  |                   |                                    |    |  |
| 1  |   | Name of law firm  |                   |                                    |    |  |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

| In re  | Sean William Fox   |   |  |
|--------|--|---|--|
|        | Debtor   | Case No.  |  |
| Social | Security No(s). and all Employer's Tax Identification No(s)5853                    | Chapter 7<br>. [if any]                         |  |
|        | CERTIFICATION OF MAILIN  | G MATRIX  |  |
|        | $I_{\text{-}}(\text{we})$ , Russell S. Simonetta 510012 , the attorney for the deb | tor/petitioner (or, if appropriate, the         |  |
| debtor | (s) or petitioner(s)) hereby certify under the penalties of perju                  | ary that the above/attached mailing matrix      |  |
| has be | en compared to and contains the names, addresses and zip co                        | des of all persons and entities, as they appear |  |
| on the | schedules of liabilities/list of creditors/list of equity security                 | holders, or any amendment thereto filed         |  |
| herewi | th.  |   |  |
|        |  |   |  |
| Dated  | · April 9, 2019  |   |  |
|        | /s/ Russell S.   | . Simonetta<br>monetta 510012                   |  |
|        |  | or Debtor/Petitioner                            |  |
|        | •  | Petitioner(s))                                  |  |

Affirm Inc Acct No xxxxZH5P Affirm Incorporated Po Box 720 San Francisco, CA 94104

Affirm Inc Acct No xxxxZH5P 650 California St Fl 12 San Francisco, CA 94108

Americu Cu Acct No xxxxxxx0001 Attn: Bankruptcy 1916 Black River Boulevard Rome, NY 13440

Americu Cu Acct No xxxxxxx0001 1916 Black River Blvd N Rome, NY 13440

Barclays Bank Acct No xxxxxxxxxxxxxxx2518 C/O Portfolio Recovery Po Box 41021 Norfolk, VA 23541

Barclays Bank Acct No xxxxxxxxxxxxxxx2518 C/O Portfolio Recovery 120 Corporate Blvd Ste 100 Norfolk, VA 23502

Barclays Bank Delaware Actt No xxxxxxxxxxx2518 Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Barclays Bank Delaware Acct No xxxxxxxxxx2518 Po Box 8803 Wilmington, DE 19899 Capital One Acct No xxxxxxxxxxx2840 Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Acct No xxxxxxxxxxx2840 Po Box 30281 Salt Lake City, UT 84130

Capital One Bank Acct No xxxxxxxxxxx2840 C/O Rubin & Rothman LLC 1787 Veterans Highway Islandia, NY 11749

Capital One Bank Acct No xxxxxxxxxxx2840 C/O Rubin & Rothman LLC PO Box 9003 Islandia, NY 11749

Carvant Financial Llc Acct No xxxxxxxx6701 211 Robbins Lane Syosset, NY 11791

Carvant Financial LLC Acct No xxxxxxxx6701 6851 Jericho Turnpike Syosset, NY 11791

Charter Communications Acct No xxxxx6101 PO Box 70872 Charlotte, NC 28272

Chase Acct No xxxxxxxxxxx0943 PO box 15290 Wilmington, DE 19850 Chase Card Services Acct No xxxxxxxxxxx0943 Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Chase Card Services Acct No xxxxxxxxxxx0943 Po Box 15369 Wilmington, DE 19850

Credit One Bank Acct No mult Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Credit One Bank Acct No mult Po Box 98872 Las Vegas, NV 89193

Credit One Bank Acct No mult C/O Midland Funding 2365 Northside Dr. Ste 300 San Diego, CA 92108

Credit One Bank Acct No mult C/O Midland Funding 2365 Northside Dr. Ste 30 San Diego, CA 92108

Dept of Ed / Navient Acct No xxxxxxxxxxxxxxxxxxxxx0818 Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773

Dept of Ed / Navient Acct No xxxxxxxxxxxxxxxxxxxx0818 Po Box 9635 Wilkes Barre, PA 18773 Discover Financial Acct No xxxxxxxxxxx0341 Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850

Discover Financial Acct No xxxxxxxxxxx0341 Pob 15316 Wilmington, DE 19850

First Savings Credit Card Acct No xxxxxxxxxxx295 Attn: Bankruptcy Department Po Box 5019 Sioux Falls, SD 57117

First Savings Credit Card Acct No xxxxxxxxxxx7295 500 E 60th St N Sioux Falls, SD 57104

Kayla M. Wood C/O Lou Ann Ruicynski Coleman, Esq. 92 West Sixth St. Oswego, NY 13126

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National Grid Acct No xxxx5330 Attn: Bankruptcy Dept. 300 Erie Blvd West Syracuse, NY 13202-4250 National Grid Acct No xxxx5330 P.O. Box 11742 Newark, NJ 07101

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Navient Acct No xxxxxxxxxxxxxxx0071 Po Box 9500 Wilkes Barre, PA 18773

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Orthopedic Medical Services Group Acct No mult C/O Simon's Agency, Inc. 4963 Wintersweet Dr Liverpool, NY 13088

Oswego County Fcu Acct No xxxxx0001 175 E Seventh St Oswego, NY 13126

Oswego County Sheriff's Office 39 Churchill Road Oswego, NY 13126-5613

Santander Consumer USA Acct No xxxxxxxxxxxx1000 Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161

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Trevor Waite C/O Carolyn Daley Scott, Esq. PO Box 314 Port Jefferson Station, NY 11776